



Michigan Department of Health & Human Services

RICK SNYDER, GOVERNOR | NICK LYON, DIRECTOR

CHAMPS Navigation

“Working to protect, preserve and promote the health and safety of the people of Michigan by listening, communicating and educating our providers, in order to effectively resolve issues and enable providers to find solutions within our industry. We are committed to establishing customer trust and value by providing a quality experience the first time, every time.”

-Provider Relations

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State of Michigan Single Sign On

Please Login or Sign-Up to use Single Sign-On

Login

User ID:

Password:

Login

Forgot Password?

If you have forgotten your password, click Need Password.
Single Sign-On system will email you a new temporary password.

Need Password

Sign-Up

If you are a new user to Single Sign-On, click Register to create your User ID and Password.

Register

[Michigan.gov Home](#) | [Help/FAQs](#) | [Contact Us](#)

- Enter the User ID, Password and click Login
- If you do not have a User ID click register



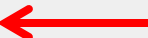
Application Portal

WELCOME [REDACTED],

Your password will expire in 12 days.

You are currently subscribed to the following applications:

-
- [CHAMPS](#)



[Subscribe to Applications](#)

[Add new Roles to Existing Subscription](#)

[Account Maintenance](#)

[Sign Off](#)

- Click CHAMPS hyperlink

State of Michigan Single Sign On

User ID:

[Sign Off](#)

MDCH Systems Use Notification

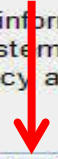
The Michigan Department of Community Health's (MDCH) computer information systems (systems) are the property of the State Of Michigan and subject to state and federal laws, rules and regulations. The systems are intended for use only by authorized persons and only for official state business.

Systems users are prohibited from using any assigned or entrusted access control mechanisms for any purposes other than those required to perform authorized data exchange with MDCH. Logon IDs and passwords are never to be shared. Systems users must not disclose any confidential, restricted or sensitive data to unauthorized persons. Systems users will only access information on the systems for which they have authorization. Systems users will not use MDCH systems for commercial or partisan political purposes.

Following industry standards, systems users must securely maintain any information downloaded, printed, or removed in any format from the systems. When no longer needed, this information must be destroyed in an appropriate manner specific to the format type.

All users of the systems give their expressed consent to the monitoring of their activities on the systems. If such monitoring reveals possible evidence of unauthorized or criminal activity, the evidence may be provided to administrative or law enforcement officials for disciplinary action and /or prosecution.

By accessing information provided by the Michigan Department of Community Health computer information systems and clicking on the button below, I acknowledge and agree to abide by all governing privacy and security terms, conditions, policies and restrictions for each authorized application.

 Acknowledge/Agree

Cancel

- Click Acknowledge/Agree



→ Select Domain *

→ Select Profile *

→ Select Favorite

- Select the Billing NPI from the Domain dropdown
- Select the appropriate profile (for example full access, limited access etc.)
- Select a Favorite if one has previously been saved



NPI:

Name:

Latest updates

System Notification

Attention All Providers: Due to system maintenance activities, the CHAMPS system will be down between 6:00 AM Saturday, January 10th through 9:00 PM Sunday, January 11th, 2015 with the exception of Health Care Eligibility Benefit Inquiry and Response (Core 270/271) Real-time transactions which will be down between 6:00am and 10:00am on Saturday January 10th. This outage will affect the CHAMPS system access for all functionality.



My Reminders

Filter By



Go



Save Filters



My Filters ▾



Alert Type



Alert Message



Alert Date



Due Date



Read



No Records Found !

Calendar



11:48 AM

12 January 2015
Monday


2015 January


Mo	Tu	We	Th	Fr	Sa	Su
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←		Today		→		

- Once logged in you will be directed to the Provider Portal page

My Inbox

Change Profile-How to change from being logged in with one NPI to another NPI


My Inbox ▾
Provider ▾
Claims ▾
Member ▾
PA ▾


Note Pad
External Links ▾
My Favorites ▾
Print
Help

Provider Portal


NPI:
Name:

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Today
→

My Reminders

Filter By ▾ Go
Save Filters
My Filters ▾

	Alert Type ▲ ▾	Alert Message ▲ ▾	Alert Date ▲ ▾	Due Date ▲ ▾	Read ▲ ▾
No Records Found !					

- Click the My Inbox tab



Select Domain *


Select Profile *


Select Favorite

- Change to a different Billing NPI by selecting the appropriate NPI from the Domain dropdown

My Inbox

Archived Documents-Stored documents for provider view


My Inbox ▾
Provider ▾
Claims ▾
Member ▾
PA ▾


Note Pad
External Links ▾
My Favorites ▾
Print
Help

Provider Portal


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Name:

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←
Today
→

My Reminders

Filter By ▾ Go
Save Filters
My Filters ▾

	Alert Type ▲ ▾	Alert Message ▲ ▾	Alert Date ▲ ▾	Due Date ▲ ▾	Read ▲ ▾
No Records Found !					

- Click the My Inbox tab

- Click the Archived Documents option



My Inbox ▾

Provider ▾

Claims ▾

Member ▾

PA ▾



Note Pad

External Links ▾

My Favorites ▾

Print

Help

Provider Portal > Document List Page

Close

Archived Documents

Document Type

All

All

CSHCS Correspondence

CSHCS Paper 834

Eligibility Services Paper 834

Financial Services Correspondence

LTC Audit

LTC Certified Public Expenditures

LTC Cost Reporting

LTC Home Office Cost Report Waiver Request

LTC Medicaid Interim Payments

LTC Non Available Bed Plan Notices

LTC Notices

LTC Nurse Aide Training and Testing

LTC Out of State Providers

LTC Quality Assurance

LTC Rate Relief Approval Notice

LTC Reimbursement Rates

LTC Reports

LTC Settlement Package

MP Predictive Modeling

Managed Care Paper 820

Medicaid Payments 503 Documents

Medicaid Payments FD622

Medicaid Payments Paper RA

PA Correspondence

PA Correspondence-CMH

PA Correspondence-MPRO

PE Correspondence

TPL Recovery

Document Type

Scanned Date ▲▼

Mime Type

Size

No documents Found !

Save Filters

My Filters ▾

- Select a document type from the dropdown box (this example choose Medicaid Payments Paper RA to access the paper remittance advice)
- Click GO

[My Inbox](#)[Provider](#)[Claims](#)[Member](#)[PA](#)[Note Pad](#)[External Links](#)[My Favorites](#)[Print](#)[Help](#)[Provider Portal](#) > [Document List Page](#)[Close](#)

Archived Documents

Document Type [Medicaid Payments Paper RA](#)

Filter By

Filter By

[Go](#)[Save Filters](#)[My Filters](#)

Document Name ▲▼	Beneficiary ID ▲▼	Document Type	Scanned Date ▲▼	Mime Type	Size
Paper RA		MP^Paper RA	12/11/2014 12:00:50	application/pdf	76 KB
Paper RA		MP^Paper RA	12/04/2014 12:25:34	application/pdf	77 KB
Paper RA		MP^Paper RA	11/27/2014 10:30:15	application/pdf	77 KB
Paper RA		MP^Paper RA	11/20/2014 14:58:18	application/pdf	84 KB
Paper RA		MP^Paper RA	11/14/2014 09:23:30	application/pdf	417 KB
Paper RA		MP^Paper RA	11/14/2014 09:19:33	application/pdf	420 KB
Paper RA		MP^Paper RA	11/05/2014 15:09:22	application/pdf	76 KB
Paper RA		MP^Paper RA	11/04/2014 10:30:31	application/pdf	768 KB
Paper RA		MP^Paper RA	10/23/2014 13:48:04	application/pdf	2 MB
Paper RA		MP^Paper RA	09/26/2014 08:36:07	application/pdf	199 KB
Paper RA		MP^Paper RA	09/18/2014 12:34:43	application/pdf	79 KB
Paper RA		MP^Paper RA	09/17/2014 16:27:41	application/pdf	199 KB
Paper RA		MP^Paper RA	09/11/2014 14:03:04	application/pdf	81 KB
Paper RA		MP^Paper RA	09/05/2014 16:55:28	application/pdf	1018 KB
Paper RA		MP^Paper RA	09/03/2014 17:04:31	application/pdf	406 KB
Paper RA		MP^Paper RA	08/22/2014 13:22:31	application/pdf	77 KB
Paper RA		MP^Paper RA	08/14/2014 23:01:23	application/pdf	139 KB
Paper RA		MP^Paper RA	08/13/2014 21:16:54	application/pdf	3 MB

- Click the Paper RA hyperlink to access the paper RA

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
MEDICAL SERVICES ADMINISTRATION - MEDICAID PAYMENTS
PO BOX 30238
LANSING MI 48909

Michigan Department of Community Health
Medical Services Administration - Medicaid Payments
PO Box 30238
Lansing MI 48909



- The paper RA will then be displayed in PDF format

Billing Provider NPI:

Name:

EIN/TIN:

Pay Cycle: 50

RA Number:

RA Date: 12/11/2014

FINANCIAL ADJUSTMENTS

Adjustment Type

Previous Balance

Adjustment Amount

Remaining Balance

Balance Owed by Tax ID

\$2,902,534.20

\$2,892,219.71

CLAIM SUMMARY

Category

Count

Paid

1

Credited

0

Denied

2

GA

0

Total Approved

\$0.00

Total Adjusted

\$0.00

Total Paid

\$0.00

Warrant/EFT #:


Warrant/EFT Date: 12/11/2014



1529639890000002

My Inbox

Upload File-Uploading an electronic file to MDCH


My Inbox ▾
Provider ▾
Claims ▾
Member ▾
PA ▾

Note Pad
External Links ▾
My Favorites ▾
Print
Help

Provider Portal

NPI:
Name:

Latest updates

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My Reminders

Filter By: Go
Save Filters
My Filters ▾

	Alert Type ▲ ▾	Alert Message ▲ ▾	Alert Date ▲ ▾	Due Date ▲ ▾	Read ▲ ▾
No Records Found !					

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- Click the My Inbox tab

- Click the Upload File option



My Inbox ▾

Provider ▾

Claims ▾

Member ▾

PA ▾



Note Pad

External Links ▾

★ My Favorites ▾

Print

Help

Home > Provider Portal > Batch Attachment Response

Close

Upload



Please click on the Upload button to upload your file.

Please use below naming conventions for web upload files.

837 Fee For Service:

- 1) NPI.5475.CCYMMDDhhmm
- 2) CHAMPS PROVIDERID.5475.CCYMMDDhhmm

837 ENC:

- 1) NPI.5476.CCYMMDDhhmm
- 2) CHAMPS PROVIDERID.5476.CCYMMDDhhmm

270:

- 1) NPI.5414.CCYMMDDhhmm
- 2) CHAMPS PROVIDERID.5414.CCYMMDDhhmm

276:

- 1) NPI.4952.CCYMMDDhhmm
- 2) CHAMPS PROVIDERID.4952.CCYMMDDhhmm

278:

- 1) NPI.5386.CCYMMDDhhmm
- 2) CHAMPS PROVIDERID.5386.CCYMMDDhhmm

- Click Upload to select the file

CHAMPS

My Inbox ▾ Provider ▾ Claims ▾ Member ▾ PA ▾

Note Pad External Links ▾ My Favorites ▾ Print Help

Provider Portal > Batch Attachment Response

Close Upload

Please click on the Upload button to upload files.
Please use below naming conventions for files:

837 Fee For Service:

1) NPL5475.CCYYMMDDhhmm
2) CHAMPS PROVIDERID.5475.CCYYMMDDhhmm

837 ENC:

1) NPL5476.CCYYMMDDhhmm
2) CHAMPS PROVIDERID.5476.CCYYMMDDhhmm

270:

1) NPL5414.CCYYMMDDhhmm
2) CHAMPS PROVIDERID.5414.CCYYMMDDhhmm

276:

1) NPL4952.CCYYMMDDhhmm
2) CHAMPS PROVIDERID.4952.CCYYMMDDhhmm

278:

1) NPL5386.CCYYMMDDhhmm
2) CHAMPS PROVIDERID.5386.CCYYMMDDhhmm

Print Help

Attachment

Please mention the file to be uploaded:


Filename: Browse...

OK Cancel

- Click Browse to find the saved file on your computer
- Click Ok

Provider Verification

Tool used to verify a provider NPI is enrolled with Michigan Medicaid


My Inbox ▾
Provider ▾
Claims ▾
Member ▾
PA ▾

⏮
⏭
Note Pad
External Links ▾
★ My Favorites ▾
Print
Help

Provider Portal


NPI:
Name:

Latest updates

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Today
⏭

My Reminders

Filter By ▾ Go
Save Filters
My Filters ▾

	Alert Type ▲ ▼	Alert Message ▲ ▼	Alert Date ▲ ▼	Due Date ▲ ▼	Read ▲ ▼
No Records Found !					

- Click the My Inbox tab



My Inbox ▾

Provider ▾

Claims ▾

Member ▾

PA ▾



Note Pad

External Links ▾

★ My Favorites ▾

Print

Help

Home > Provider Portal > Provider Verification



Close



Provider Verification



NPI: |

Verify



- Enter the NPI and click Verify to verify if a provider is enrolled with Michigan Medicaid



My Inbox ▾

Provider ▾

Claims ▾

Member ▾

PA ▾



Note Pad

External Links ▾

★ My Favorites ▾

Print

Help

Home > Provider Portal > Provider Verification

Close



Provider Verification Details



NPI:

Provider Name:

Business Status: Active


Primary Specialty: Family Medicine


Specialty:


- The screen will then display the provider information, take note of the business status
- A result of no information found will be displayed if the provider is not enrolled

Provider

Manage Provider Information


My Inbox ▾
Provider ▾
Claims ▾
Member ▾
PA ▾


Note Pad
External Links ▾
My Favorites ▾
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Provider Portal

NPI:
Name:

Latest updates

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My Reminders

Filter By Go
Save Filters
My Filters ▾

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No Records Found !					

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- Click the Provider tab



My Inbox ▾

Provider ▾



Note Pad

External Links ▾

★ My Favorites ▾

Print

Help

> Provider Portal > Group Practice Modification

NPI:

Name:

Close

Undo Update



View/Update Provider Data - Group Practice



Business Process Wizard - Provider Data Modification (Group Practice).

<input type="checkbox"/> Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
<input type="checkbox"/> Step 1: Provider Basic Information	Required	12/15/2014	11/01/2013	Complete		
<input type="checkbox"/> Step 2: Locations	Required	10/23/2013	11/01/2013	Complete		
<input type="checkbox"/> Step 3: Specialties	Required	04/15/2008	04/15/2008	Complete		
<input type="checkbox"/> Step 4: Mode of Claim Submission	Required	04/15/2008	04/15/2008	Complete		
<input type="checkbox"/> Step 5: Associate Billing Agent	Required	12/15/2014	11/01/2013	Complete		
<input type="checkbox"/> Step 6: Provider Controlling Interest/Ownership Details	Required	10/21/2013	11/01/2013	Complete		
<input type="checkbox"/> Step 7: Taxonomy Details	Required	04/15/2008	04/15/2008	Complete		
<input type="checkbox"/> Step 8: View Servicing Provider Details	Optional	04/15/2008	04/15/2008	Complete		
<input type="checkbox"/> Step 9: 835/ERA Enrollment Form	Optional			Complete		
<input type="checkbox"/> Step 10: Complete Modification Checklist	Required	04/24/2014	05/20/2014	Incomplete		Please Answer all the Questions.
<input type="checkbox"/> Step 11: Submit Modification Request for Review	Required	04/24/2014	05/20/2014	Complete		

View Page:



Page Count

SaveToXLS

Viewing Page: 1

« First

◀ Prev


Next ▶

» Last

- Make any necessary changes to enrollment information making sure to complete all steps needed
- Step 11 must be submitted in order for changes to be reviewed by MDHHS

Claims

Submit Professional-How to use CHAMPS Direct Data Entry (DDE) option to submit a professional claim.
Providers who bill using the CMS-1500 claim form


My Inbox ▾
Provider ▾
Claims ▾
Member ▾
PA ▾

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External Links ▾
★ My Favorites ▾
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Provider Portal

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My Reminders

Filter By ▾ Go
Save Filters
My Filters ▾

	Alert Type ▲ ▾	Alert Message ▲ ▾	Alert Date ▲ ▾	Due Date ▲ ▾	Read ▲ ▾
No Records Found !					

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11:48 AM
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←		Today		→		

- Click Claims tab



NPI:

Latest updates

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My Reminders

Filter By

Alert Type

Alert Message

CLAIM SUBMISSION

Submit Professional

Submit Institutional

Submit Dental

Search Template

MANAGE CLAIMS

Adjust/Void Claim Provider

INQUIRE CLAIMS

Claim Inquiry

RA LIST

RA List

System will be down between 6:00 AM Saturday, January 10th through 9:00 PM. Benefit Inquiry and Response (Core 270/2) will be down between 6:00am and 10:00am on Saturday January 10th. This

Calendar



1:24 PM

12 January 2015
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Today						

No Records Found !

- Click the Submit Professional option



Close Submit Claim Save as Template Reset

Note: Asterisks (*) denote required fields.

[Billing Instructions](#)

Basic Claim Info

Provider | Beneficiary | Claim | Service

PROVIDER INFORMATION

BILLING PROVIDER INFORMATION

Provider ID: * Type: NPI ▾ * Taxonomy Code:

Address Line 1: * Address Line 2:

(Enter Street Address or PO Box Only)

Address Line 3: City/Town: ▾ *

State/Province: ▾ * County: ▾

Country: ▾ * Zip Code: - ☒ Validate Address

🔗 Is the Billing Location also the Service Facility Location? ☒ Yes ☐ No

🔗 Is the Billing Provider also the Rendering Provider? ☐ Yes ☒ No

RENDERING PROVIDER

Provider ID: * Type: ▾ * Taxonomy Code:

🔗 Is the Billing Provider also the Supervising Provider? ☒ Yes ☐ No

🔗 Is this service the result of a referral? ☐ Yes ☒ No

🔗 Is this service the result of a Primary Care Referral? ☐ Yes ☒ No

- Once in the claim screen the Billing NPI that you are logged into CHAMPS with will be pre-populated
- Enter all other necessary information for your claim and services being billed



BENEFICIARY INFORMATION



BENEFICIARY

Beneficiary ID: *

Last Name: * First Name: * MI: Suffix:

Date of Birth: * Gender: *

Onset of Current Illness/symptom Date:



Does the beneficiary have insurance other than Medicaid?

☒ Yes

☐ No



OTHER INSURANCE INFORMATION

Other Subscriber Information

Payer Responsibility Code: *

Payer ID Number: *

Subscriber Last Name:

Insured's Group or Policy Number: *

Claim Filing Indicator: *

Remittance Date:

Subscriber Member ID:

First Name: MI: Suffix:

Beneficiary's Relationship:

Total COB Payer Paid Amount: \$ * [Add Another](#)

- Enter the Beneficiary information
- If the beneficiary has a primary insurance answer Yes to the question then enter all required information as indicated by *



CLAIM INFORMATION



+ RELEVANT DATES

PRIOR AUTHORIZATION/REFERRAL/CLIA

Prior Authorization Number: MDCH PA: ☐ Yes ☐ No Referral Number:
CLIA Number:

+ CLAIM NOTE

? Is this claim related to Chiropractic Spinal Manipulation? ☐ Yes ☒ No

? Is this a vision claim involving replacement lenses or frames? ☐ Yes ☒ No

? Is this claim accident related? ☐ Yes ☒ No

? Does this claim have backup documentation? ☐ Yes ☒ No

CLAIM DATA

Patient Account No.: *

Place of Service: ▼ *

Diagnosis Code Category: ▼ *

Diagnosis Codes: 1: * 2: 3: 4: [Add Another](#)

+ ANESTHESIA RELATED PROCEDURE

+ CONDITION INFORMATION

+ DELAY REASON

+ AMBULANCE INFORMATION

- Continue to enter claim information as necessary for services being billed
- Any red plus sign can be expanded by clicking the red plus sign, once the field is expanded it will require information to be entered. If expanded in error click the red plus sign to close



BASIC LINE ITEM INFORMATION



BASIC SERVICE LINE ITEMS

Service Date From:	mm dd yyyy *	Service To Date:	mm dd yyyy *
Place of Service:	<input type="text"/>	Procedure Description:	<input type="text"/>
Procedure Code:	<input type="text"/> *		
Submitted Charges:	\$ <input type="text"/> *		Characters Remaining: 80
Units/Quantity:	<input type="text"/> *	Modifiers:	1: <input type="text"/> 2: <input type="text"/> 3: <input type="text"/> 4: <input type="text"/>
EPSDT/Family Planning:	<input type="text"/>	Diagnosis Pointers:	1: <input type="text"/> * 2: <input type="text"/> 3: <input type="text"/> 4: <input type="text"/>
EMG :	<input type="text"/>	Claim Note:	<input type="text"/>
			Characters Remaining: 80
Prior Authorization Number:	<input type="text"/>	MDCH PA:	<input type="radio"/> Yes <input type="radio"/> No
Rendering Provider ID:(If different from header)	<input type="text"/>	Referral Number:	<input type="text"/>
	Type: <input type="text"/>	CLIA:	<input type="text"/>
Ordering Provider ID:	<input type="text"/>	Taxonomy Code:	<input type="text"/>
Referring Provider ID:(If different from header)	<input type="text"/>		
Primary Care Referring Provider ID:(If different from header)	<input type="text"/>		
Is the Header Service Facility Location also the Service Line Facility Location? <input checked="" type="radio"/> Yes <input type="radio"/> No			
National Drug Code:	<input type="text"/>	Quantity:	<input type="text"/>
		Unit:	<input type="text"/>
Prescription Date:	mm dd yyyy	Qualifier:	<input type="text"/>
		Prescription/Link No:	<input type="text"/>

AMBULANCE INFORMATION

Previously Entered Line Item Information

Click a Line No. below to view/update that Line Item Information.

Total Submitted Charges: \$0.00

Click on Insurance Info to enter each Line's Insurance Information.

Line No	Service Dates		Proc. Code	Modifiers				Diagnosis Pointer				Submitted Charges	Units	Prior Auth Number
	From	To		1	2	3	4	1	2	3	4			

Top

- Enter the service line information, all **asterisked** fields are required for all providers
- Once all information has been entered click Add Service Line Item to add it to the claim

BASIC LINE ITEM INFORMATION

BASIC SERVICE LINE ITEMS

Service Date From:	mm dd yyyy *	Service To Date:	mm dd yyyy *
Place of Service:	<input type="text"/>	Procedure Description:	<input type="text"/>
Procedure Code:	<input type="text"/>		
Submitted Charges:	\$ <input type="text"/>		Characters Remaining: 80
Units/Quantity:	<input type="text"/>	Modifiers:	1: <input type="text"/> 2: <input type="text"/> 3: <input type="text"/> 4: <input type="text"/>
EPSDT/Family Planning:	<input type="text"/>	Diagnosis Pointers:	1: <input type="text"/> * 2: <input type="text"/> 3: <input type="text"/> 4: <input type="text"/>
EMG :	<input type="text"/>	Claim Note:	<input type="text"/>
			Characters Remaining: 80
Prior Authorization Number:	<input type="text"/>	MDCH PA:	<input type="radio"/> Yes <input type="radio"/> No
Rendering Provider ID: (If different from header)	<input type="text"/>	Referral Number:	<input type="text"/>
Type:	<input type="text"/>	CLIA:	<input type="text"/>
Ordering Provider ID:	<input type="text"/>	Taxonomy Code:	<input type="text"/>
Referring Provider ID: (If different from header)	<input type="text"/>		
Primary Care Referring Provider ID: (If different from header)	<input type="text"/>		
<input type="checkbox"/> Is the Header Service Facility Location also the Service Line Facility Location? <input checked="" type="radio"/> Yes <input type="radio"/> No			
National Drug Code:	<input type="text"/>	Quantity:	<input type="text"/>
Prescription Date:	mm dd yyyy	Unit:	<input type="text"/>
	<input type="text"/>	Qualifier:	<input type="text"/>
		Prescription/Link No:	<input type="text"/>

AMBULANCE INFORMATION

Previously Entered Line Item Information

Click a Line No. below to view/update that Line Item Information.

Click on Insurance Info to enter each Line's Insurance Information.

Line No	Service Dates		Proc. Code	Modifiers				Diagnosis Pointer				Submitted Charges	Units	Prior Auth Number	Insurance Info	Copy	Delete
	From	To		1	2	3	4	1	2	3	4						
1	01/01/2015	01/01/2015	99213					1				150.00	1				

Total Submitted Charges: \$150.00

- The service line will then show at the bottom of the screen with it's corresponding line number
- If other payer information was entered in the Beneficiary Information section then click on Insurance Info to enter the other payer information at the service line level.



Close Basic Claim Form Reset

Professional Claim

Note: asterisks (*) denote required fields.

[Billing Instructions](#)

INSURANCE INFORMATION

To save the information, Click 'Basic Claim Form' button.

Does the Beneficiary have insurance other than Medicaid?

☒ Yes ☐ No

OTHER INSURANCE INFORMATION

1. Service Line Other Payer Information

Primary Payer

Responsibility:



* Amount Paid: \$

* Remittance Date:

mm

dd

yyyy

1. Reason Code:

Amount: \$

Adjustment Quantity:

[Add Another Reason Code](#)

2. Reason Code:

Amount: \$

Adjustment Quantity:

[Add Another Payer](#)

- Click Yes to the question
- Choose the Primary Payer Responsibility from the dropdown which will coincide with what was entered in the Beneficiary Information section
- Enter amount paid for the service line and applicable reason codes (CARC) and amounts based on the explanation of benefits (EOB) from the payer



My Inbox ▾

Provider ▾

Claims ▾

Member ▾

PA ▾



Note Pad

External Links ▾

My Favorites ▾

Print

Help

Provider Portal > Submit Professional Claim > Submit Claim Insurance Info

Close

Basic Claim Form

Reset



Professional Claim



Note: asterisks (*) denote required fields.

[Billing Instructions](#)



INSURANCE INFORMATION



To save the information, Click 'Basic Claim Form' button.



Does the Beneficiary have insurance other than Medicaid?

☒ Yes

☐ No

OTHER INSURANCE INFORMATION

1. Service Line Other Payer Information

Primary Payer

Responsibility:

1#P# #CI-Commercial Insurance Co.



* Amount Paid: \$

\$0.00

* Remittance Date:

mm

dd

yyyy

1. Reason Code:

1|

Amount: \$

\$150.00

Adjustment Quantity:

[Add Another Reason Code](#)

2. Reason Code:

Amount: \$

Adjustment Quantity:

[Add Another Payer](#)

- After completing information click Basic Claim Form to return to the claim information



Close Submit Claim Save as Template Reset

Professional Claim

Note: Asterisks (*) denote required fields

[Billing Instructions](#)

Basic Claim Info

Provider | Beneficiary | Claim | Service

PROVIDER INFORMATION

BILLING PROVIDER INFORMATION

Provider ID: * Type: NPI * Taxonomy Code:

Address Line 1: * Address Line 2:

(Enter Street Address or PO Box Only)

Address Line 3: City/Town: *

State/Province: MICHIGAN * County:

Country: UNITED STATES * Zip Code: -

? Is the Billing Location also the Service Facility Location? ☒ Yes ☐ No

? Is the Billing Provider also the Rendering Provider? ☐ Yes ☒ No


RENDERING PROVIDER

Provider ID: * Type: * Taxonomy Code:

? Is the Billing Provider also the Supervising Provider? ☒ Yes ☐ No

? Is this service the result of a referral? ☐ Yes ☒ No

- To save the claim as a template click Save as Template
- This will allow you to save the claim to either submit later or to re-use this same template for other beneficiaries

 < My Inbox ▾ Provider ▾ **Claims ▾** Member ▾ PA ▾

Person icon ▾ Note Pad External Links ▾ ★ My Favorites ▾ Print Help

Home > Provider Portal > Submit Professional Claim

Close Submit Claim Save as Template Reset

Professional Claim

Note: Asterisks (*) denote required fields.

Basic Claim Info

Provider | Beneficiary | Claim | Service

PROVIDER INFORMATION

BILLING PROVIDER INFORMATION

Provider ID: *

Address Line 1:
(Enter Street Address)

Address Line 3:

State/Province: MICHIGAN

Country: UNITED STATES

Is the Billing Location also the Service Facility? ☐ Yes ☒ No

Is the Billing Provider also the Rendering Provider? ☐ Yes ☒ No

RENDERING PROVIDER

Provider ID: * Type: * Taxonomy Code:

Is the Billing Provider also the Supervising Provider? ☒ Yes ☐ No

Is this service the result of a referral? ☐ Yes ☒ No

Submitted Professional Claim Details

TCN: 2 0

Billing Provider ID:

Billing Provider Name:

Beneficiary ID:

Beneficiary Name:

Date of Service:

Upload Documents Print Close

- Once claim is completed, click Submit Claim
- The TCN box will pop-up which displays the TCN number for further tracking, to attach documentation to the claim click Upload Documents



FFS ▾

Document Management Portal

Friday, August 15, 2014

[Return to CHAMPS](#)[Search Documents](#) | [Document Upload](#) | [Messages](#) | [FAX Cover Sheet](#) |**Document Upload**Instructions.

- All fields marked with an asterisk (*) are required.
- The date of service is required only when the Document Type chosen is 'CLAIM'.
- A TCN is required only when the Document Title is 'PREDICTIVE MODELING'.
- TCN entered must be header TCN (ending in 000).
- A maximum of 5 TCN numbers can be entered. Separate each TCN with a semicolon (e.g. 764528810024212000;93428810024212000).
- A maximum of 5 NPI numbers can be entered. Separate each NPI with a semicolon (e.g. 1234567890;1987654321).
- Allowable file extensions for uploading: .pdf, .doc, .docx, .xls, .xlsx, .jpg, .jpeg, .tif, and .tiff.

* Beneficiary ID :	<input type="text"/>	* NPI :	<input type="text"/>
* Beneficiary First Name :	<input type="text"/>	Beneficiary Last Name	<input type="text"/>
* Sender Name :	<input type="text"/>	* Sender Phone :	<input type="text"/>


No of documents to upload :

Document Type *	Document Title *	Date of Service From *	Date of Service To *	TCN *	Message	Attach*
Select ▾	▾	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="button" value="Browse..."/>
<input type="button" value="Submit"/> <input type="button" value="Clear"/>						

- Document Management Portal (DMP) will then launch in a separate window and will allow documentation to be uploaded and attached to the TCN number

Claims

Submit Institutional-How to use CHAMPS Direct Data Entry (DDE) option to submit an Institutional claim.
Providers who bill using the UB-04 claim form


My Inbox ▾
Provider ▾
Claims ▾
Member ▾
PA ▾

Note Pad
External Links ▾
My Favorites ▾
Print
Help

Provider Portal

NPI:
Name:

Latest updates

System Notification


Attention All Providers: Due to system maintenance activities, the CHAMPS system will be down between 6:00 AM Saturday, January 10th through 9:00 PM Sunday, January 11th, 2015 with the exception of Health Care Eligibility Benefit Inquiry and Response (Core 270/271) Real-time transactions which will be down between 6:00am and 10:00am on Saturday January 10th. This outage will affect the CHAMPS system access for all functionality.

My Reminders

Filter By Go
Save Filters
My Filters ▾

	Alert Type ▲ ▼	Alert Message ▲ ▼	Alert Date ▲ ▼	Due Date ▲ ▼	Read ▲ ▼
No Records Found !					


Calendar



11:48 AM
12 January 2015
Monday

2015 January

Mo	Tu	We	Th	Fr	Sa	Su
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	
←		Today		→		

- Click Claims tab


My Inbox ▾
Provider ▾
Claims ▾
Member ▾
PA ▾


Note Pad
External Links ▾
★ My Favorites ▾
Print
Help

Provider Portal
Submit Institutional Claim

Close
Submit Claim
Save as Template
Reset

Institutional Claim

Note: Asterisks (*) denote required fields.

Billing Instructions

Basic Claim Info

Provider

Beneficiary

Claim

Service Line

PROVIDER INFORMATION

BILLING PROVIDER INFORMATION

Provider ID: *

Type:

NPI

 ▾ *

Taxonomy Code:

ATTENDING PROVIDER INFORMATION

Provider ID: *

Type: ▾ *

Taxonomy Code:

BENEFICIARY INFORMATION

BENEFICIARY

Beneficiary ID: *

Last Name: *

First Name: *

MI:

Suffix:

mm

dd

yyyy

Date of Birth: *

Gender: ▾ *

- Once in the claim screen the Billing NPI that you are logged into CHAMPS with will be pre-populated
- Enter the Beneficiary information

 Close  Submit Claim  Save as Template  Reset

CLAIM INFORMATION

CLAIM DATA

Patient Control No.: *

Medical Record No.:

Type of Bill: * (Enter 4 digits with leading zero.)

Statement Dates: From: mm dd yyyy *

To: mm dd yyyy *

Admission Date/Hour: mm dd yyyy - hh : mm

Admission Type:

Admission Source: *

Discharge Hour: hh : mm

Patient Status: *

Principal Diagnosis Code: *

POA: ▼

Auto Accident State/Province: ▼

Diagnosis Code Category: ▼ *

- Continue to enter claim information as necessary for services being billed
- Any **asterisked** field is required for all providers

+ CONDITION INFORMATION

+ OCCURRENCE INFORMATION

+ OCCURRENCE SPAN INFORMATION

+ VALUE INFORMATION

+ DELAY REASON

+ OTHER INSURANCE INFORMATION



PRIOR AUTHORIZATION/PRO/REFERRAL NUMBER

Prior Authorization Number:

MDCH PA: ☐ Yes ☐ No

PRO Number:

Referral Number:

+ DIAGNOSIS INFORMATION (Do not use decimals or spaces)

+ PROCEDURE INFORMATION

+ OPERATING PHYSICIAN INFORMATION

+ OTHER OPERATING PHYSICIAN INFORMATION

+ RENDERING PHYSICIAN INFORMATION

+ REFERRING PHYSICIAN INFORMATION

+ CLAIM NOTE



Does this claim have backup documentation?

☐ Yes ☒ No

- If the beneficiary has a primary payer, expand the Other Insurance Information field and enter all required information as indicated by the **asterisk**
- Any red plus sign can be expanded by clicking the red plus sign, once the field is expanded it will required information to be entered. If expanded in error click the red plus sign to close.



SERVICE LINE ITEM INFORMATION



Service Line Items

Revenue Code: *

HCPCS Code:

Service Date: mm dd yyyy

Last Date of Service: mm dd yyyy

Service Units: *

Total Line Charges: \$ *

Operating Physician ID: (If different from header)

Other Operating Physician ID: (If different from header)

Rendering Physician ID: (If different from header)

Referring Physician ID: (If different from header)

National Drug Code: Quantity: Unit: Qualifier: Prescription/Link No:

Modifiers: 1: 2: 3: 4:

HCPCS Description:

Characters Remaining: 80

Non-covered Line Charges: \$

Type:

Type:

Type:

Type:

Add Service Line Item

Update Service Line Item

Previously Entered Line Item Information

Click a Line No. below to view/update that Line Item Information.

Total Submitted Charges: \$0.00

Click on Insurance Info to enter each Line's Insurance Information.

Line No	Revenue Code	HCPCS Code	Modifiers				Dates		Units	Charges	Non covered Charges
			1	2	3	4	Service Date	Last DOS			

- Enter the service line information, all **asterisked** fields are required
- Once all information has been entered click Add Service Line Item to add it to the claim

SERVICE LINE ITEM INFORMATION

Service Line Items

Revenue Code:

*

HCPCS Code:

Service Date:

mm

dd

yyyy

Last Date of Service:

mm

dd

yyyy

Service Units:

*

Total Line Charges:

\$

*

Operating Physician ID: (If different from header)

Other Operating Physician ID: (If different from header)

Rendering Physician ID: (If different from header)

Referring Physician ID: (If different from header)

National Drug Code:

Quantity:

Unit:

Qualifier:

Prescription/Link No:

Modifiers:

1:

2:

3:

4:

HCPCS Description:

Characters Remaining:

80

Non-covered Line Charges: \$

Type:

Type:

Type:

Type:

+

Add Service Line Item

↺

Update Service Line Item

Previously Entered Line Item Information

Click a Line No. below to view/update that Line Item Information.

Total Submitted Charges: \$400.00

Click on Insurance Info to enter each Line's Insurance Information.

Line No	Revenue Code	HCPCS Code	Modifiers				Dates		Units	Charges	Non covered Charges	
			1	2	3	4	Service Date	Last DOS				
1	0250								5	400.00		Insurance Info

Copy

Delete

- The service line will then show at the bottom of the screen with its corresponding line number
- If there is a primary payer that was reported in the Other Insurance Information section click on Insurance Info to optionally enter the other payer information at the service line level.



Close Submit Claim **Save as Template** Reset

Institutional Claim

Note: Asterisks (*) denote required fields

[Billing Instructions](#)

Basic Claim Info

Provider | Beneficiary | Claim | Service Line

PROVIDER INFORMATION

BILLING PROVIDER INFORMATION

Provider ID: * Type: * Taxonomy Code:

ATTENDING PROVIDER INFORMATION

Provider ID: * Type: * Taxonomy Code:


BENEFICIARY INFORMATION

BENEFICIARY

Beneficiary ID: *
Last Name: * First Name: * MI: Suffix:
Date of Birth: * Gender:

CLAIM INFORMATION

- To save the claim as a template click Save as Template
- This will allow you to save the claim to either submit later or to re-use this same template for other beneficiaries

 < My Inbox ▾ Provider ▾ **Claims ▾** Member ▾ PA ▾

Person icon ▾ Note Pad External Links ▾ ★ My Favorites ▾ Print Help

Provider Portal > Submit Institutional Claim

Close Submit Claim Save as Template Reset

Institutional Claim

Note: Asterisks (*) denote required fields.

Basic Claim Info

Provider | Beneficiary | Claim | Service Line

PROVIDER INFORMATION

BILLING PROVIDER INFORMATION

Provider ID: * Type:

ATTENDING PROVIDER INFORMATION

Provider ID: * Type:

BENEFICIARY INFORMATION

BENEFICIARY

Beneficiary ID: *

Last Name: * First Name: * MI: Suffix:

Date of Birth: mm dd yyyy * Gender: *

CLAIM INFORMATION

Submitted Institutional Claim Details

TCN: 2 00

Billing Provider ID:

Billing Provider Name:

Beneficiary ID:

Beneficiary Name:

Date of Service:

Upload Documents Print Close

- Once claim is completed, click Submit Claim
- The TCN box will pop-up which displays the TCN number for further tracking, to attach documentation to the claim click Upload Documents



FFS ▾

Document Management Portal

Friday, August 15, 2014

[Return to CHAMPS](#)[Search Documents](#) | [Document Upload](#) | [Messages](#) | [FAX Cover Sheet](#)**Document Upload**Instructions.

- All fields marked with an asterisk (*) are required.
- The date of service is required only when the Document Type chosen is 'CLAIM'.
- A TCN is required only when the Document Title is 'PREDICTIVE MODELING'.
- TCN entered must be header TCN (ending in 000).
- A maximum of 5 TCN numbers can be entered. Separate each TCN with a semicolon (e.g. 764528810024212000;93428810024212000).
- A maximum of 5 NPI numbers can be entered. Separate each NPI with a semicolon (e.g. 1234567890;1987654321).
- Allowable file extensions for uploading: .pdf, .doc, .docx, .xls, .xlsx, .jpg, .jpeg, .tif, and .tiff.

* Beneficiary ID :	<input type="text"/>	* NPI :	<input type="text"/>
* Beneficiary First Name :	<input type="text"/>	Beneficiary Last Name	<input type="text"/>
* Sender Name :	<input type="text"/>	* Sender Phone :	<input type="text"/>


No of documents to upload :

Document Type *	Document Title *	Date of Service From *	Date of Service To *	TCN *	Message	Attach *
Select ▾	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> Browse...
<div>Submit Clear</div>						

- Document Management Portal (DMP) will then launch in a separate window and will allow documentation to be uploaded and attached to the TCN number

Claims

Submit Dental


My Inbox ▾
Provider ▾
Claims ▾
Member ▾
PA ▾

Note Pad
External Links ▾
My Favorites ▾
Print
Help

Provider Portal

NPI:
Name:

Latest updates

System Notification


Attention All Providers: Due to system maintenance activities, the CHAMPS system will be down between 6:00 AM Saturday, January 10th through 9:00 PM Sunday, January 11th, 2015 with the exception of Health Care Eligibility Benefit Inquiry and Response (Core 270/271) Real-time transactions which will be down between 6:00am and 10:00am on Saturday January 10th. This outage will affect the CHAMPS system access for all functionality.

My Reminders

Filter By ▾ Go
Save Filters
My Filters ▾

	Alert Type ▲ ▾	Alert Message ▲ ▾	Alert Date ▲ ▾	Due Date ▲ ▾	Read ▲ ▾
No Records Found !					

Calendar


11:48 AM
12 January 2015
Monday

2015 January

Mo	Tu	We	Th	Fr	Sa	Su
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	
←		Today		→		

- Click Claims tab



NPI:

Latest updates

System Notification

Attention All Providers: Due to system maintenance, the system will be down between 6:00 AM Saturday, January 10th through 9:00 PM Saturday, January 10th through 10:00am on Saturday January 10th. This

My Reminders

Filter By

Alert Type	Alert Message
▲ ▼	▲ ▼

CLAIM SUBMISSION

Submit Professional ★

Submit Institutional ★

Submit Dental ★

Search Template ★

MANAGE CLAIMS

Adjust/Void Claim Provider ★

INQUIRE CLAIMS

Claim Inquiry ★

RA LIST

RA List ★

System will be down between 6:00 AM Saturday, January 10th through 9:00 PM Saturday, January 10th through 10:00am on Saturday January 10th. This

Calendar

12 January 2015 Monday						
2015 January						
Mo	Tu	We	Th	Fr	Sa	Su
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	
Today						

No Records Found !

- Click the Submit Dental option

[My Inbox](#)
[Provider](#)
[Claims](#)
[Member](#)
[PA](#)

[Note Pad](#)
[External Links](#)
[My Favorites](#)
[Print](#)
[Help](#)

[Provider Portal](#) > [Submit Dental Claim](#)

Close
Submit Claim
Save as Template
Reset

Dental Claim

Note: Asterisks (*) denote required fields.
[Billing Instructions](#)

Basic Claim Info

Provider | Beneficiary | Claim | Service

PROVIDER INFORMATION

BILLING PROVIDER INFORMATION

Provider ID: * Type: NPI * Taxonomy Code:

Is the Billing Provider also the Rendering Provider?
☐ Yes ☒ No

RENDERING PROVIDER

Provider ID: * Type: * Taxonomy Code:

Is the Billing Provider also the Supervising Provider?
☒ Yes ☐ No

Is this service the result of a referral?
☐ Yes ☒ No

Is this service the result of a Primary Care Referral?
☐ Yes ☒ No

BENEFICIARY INFORMATION

BENEFICIARY

Beneficiary ID: *

Last Name: * First Name: * MI: Suffix:

Date of Birth: mm dd yyyy * Gender: *

Does the beneficiary have insurance other than Medicaid?
☐ Yes ☒ No

- Once in the claim screen the Billing NPI that you are logged into CHAMPS with will be pre-populated
- Enter all other necessary information for your claim and services being billed
- Enter the beneficiary information and if the beneficiary has primary coverage answer Yes to the question



CLAIM INFORMATION



CLAIM DATA

Patient Account No.: *

Place of Service: *

Appliance Placement Date:

mm dd yyyy

Service Start Date: mm dd yyyy *

Service End Date:

mm dd yyyy *

PRIOR AUTHORIZATION/REFERRAL NUMBER

Prior Authorization Number: MDCH PA: ☐ Yes ☐ No Referral Number:

+ DELAY REASON

+ CLAIM NOTE

? Is this claim accident related? ☐ Yes ☒ No

? Does this claim have backup documentation? ☐ Yes ☒ No

? Does this claim require a diagnosis code? ☒ Yes ☐ No

DIAGNOSIS

Diagnosis Code Category: *

Diagnosis Codes: 1: * 2: 3: 4:

- Click Yes to expand the diagnosis information if necessary for the services being billed
- Diagnosis information is required for Anesthesia and Extractions

BASIC LINE ITEM INFORMATION

Click on Insurance Info to enter each Line's Insurance Information.

BASIC SERVICE LINE ITEMS

Service Date:	mm dd yyyy *	Appliance Placement Date:	mm dd yyyy
Treatment Start Date:	mm dd yyyy	Treatment Completion Date:	mm dd yyyy
Place of Service:			
Area Of Oral Cavity:			
Tooth Number/Letter:	Surface: 1: 2: 3: 4: 5:	Fees: \$	*
Procedure Code:	Quantity:		
Procedure Description:			
	Characters Remaining: 80		
Diagnosis Pointers:	1: 2: 3: 4:	MDCH PA:	<input type="radio"/> Yes <input type="radio"/> No
Prior Authorization Number:		Referral Number:	
Rendering Provider ID: (If different from header)		Type:	
Supervising Provider ID: (If different from header)		Type:	

Previously Entered Line Item Information

Click a Line No. below to view/update that Line Item Information.

Total Fee: \$0.00

Click on Insurance Info to enter each Line's Insurance Information.

Line No	Service Date	Area of Oral Cavity	Tooth Number/Letter	Surface					Procedure Code	Diagnosis Pointer				Quantity	Fees	Prior Auth Number
				1	2	3	4	5		1	2	3	4			

- Enter the service line information, all **asterisked** fields are required
- Once all information has been entered click Add Service Line Item to add it to the claim

BASIC LINE ITEM INFORMATION

Click on Insurance Info to enter each Line's Insurance Information.

BASIC SERVICE LINE ITEMS

Service Date:	mm dd yyyy *	Appliance Placement Date:	mm dd yyyy
Treatment Start Date:	mm dd yyyy	Treatment Completion Date:	mm dd yyyy
Place of Service:			
Area Of Oral Cavity:			
Tooth Number/Letter:	Surface: 1: 2: 3: 4: 5:	Quantity:	Fees: \$
Procedure Code:			
Procedure Description:			
	Characters Remaining: 80		
Diagnosis Pointers:	1: 2: 3: 4:	MDCH PA:	Referral Number:
Prior Authorization Number:		Type:	Taxonomy Code:
Rendering Provider ID: (If different from header)		Type:	
Supervising Provider ID: (If different from header)			

Previously Entered Line Item Information

Click a Line No. below to view/update that Line Item Information.

Total Fee: \$200.00

Click on Insurance Info to enter each Line's Insurance Information

Line No	Service Date	Area of Oral Cavity	Tooth Number/Letter	Surface					Procedure Code	Diagnosis Pointer				Quantity	Fees	Prior Auth Number	Insurance Info	Copy	Delete
				1	2	3	4	5		1	2	3	4						
1	01/01/2015								D0120						200.00				



- The service line will then show at the bottom of the screen with it's corresponding line number
- If other payer information was entered in the Beneficiary Information section then click on Insurance Info to enter the other payer information at the service line level.



Close Basic Claim Form Reset

Dental Claim

Note: asterisks (*) denote required fields.

[Billing Instructions](#)

INSURANCE INFORMATION

To save the information, Click 'Basic Claim Form' button.

Does the Beneficiary have insurance other than Medicaid? ☒ Yes ☐ No

OTHER INSURANCE INFORMATION

1. Service Line Other Payer Information

Primary Payer Responsibility: * Amount Paid: \$ * Remittance Date: mm dd yyyy

1. Reason Code: Amount: \$ Adjustment Quantity: [Add Another Reason Code](#)

2. Reason Code: Amount: \$ Adjustment Quantity:

[Add Another Payer](#)

- Click Yes to the question
- Choose the Primary Payer Responsibility from the dropdown which will coincide with what was entered in the Beneficiary Information section
- Enter amount paid for the service line and applicable reason codes (CARC) and amounts based on the explanation of benefits (EOB) from the payer



Close Basic Claim Form Reset

Dental Claim

Note: asterisks (*) denote required fields.

[Billing Instructions](#)

INSURANCE INFORMATION

To save the information, Click 'Basic Claim Form' button.

? Does the Beneficiary have insurance other than Medicaid? ☒ Yes ☐ No

OTHER INSURANCE INFORMATION

1. Service Line Other Payer Information


Primary Payer Responsibility: 1#P# [dropdown] #CI-Commercial Insurance Co. * Amount Paid: \$ \$0.00 * Remittance Date: mm dd yyyy

1. Reason Code: 1 Amount: \$ \$200.00 Adjustment Quantity: Add Another Reason Code

2. Reason Code: Amount: \$ Adjustment Quantity:

[Add Another Payer](#)

- After completing information click Basic Claim Form to return to the claim information



My Inbox

Provider

Claims

Member

PA

Note Pad

External Links

My Favorites

Print

Help

Provider Portal > Submit Dental Claim

Close

Submit Claim

Save as Template

Reset

Dental Claim

^

Note: Asterisks (*) denote required fields

Billing Instructions

Basic Claim Info

Provider | Beneficiary | Claim | Service

PROVIDER INFORMATION

^

BILLING PROVIDER INFORMATION

Provider ID: * Type: NPI * Taxonomy Code:

?

Is the Billing Provider also the Rendering Provider?

Yes

No

RENDERING PROVIDER

Provider ID: * Type: * Taxonomy Code:

?

Is the Billing Provider also the Supervising Provider?

Yes

No

?

Is this service the result of a referral?

Yes

No

?

Is this service the result of a Primary Care Referral?

Yes

No

BENEFICIARY INFORMATION

^

BENEFICIARY

Beneficiary ID: *

Last Name: * First Name: * MI: Suffix:

- To save the claim as a template click Save as Template
- This will allow you to save the claim to either submit later or to re-use this same template for other beneficiaries

CHAMPS

My Inbox ▾ Provider ▾ Claims ▾ Member ▾ PA ▾

Provider Portal > Submit Dental Claim

Close Submit Claim Save as Template Reset

Dental Claim

Note: Asterisks (*) denote required fields.

Basic Claim Info

Provider | Beneficiary | Claim | Service

PROVIDER INFORMATION

BILLING PROVIDER INFORMATION

Provider ID: * Type:

Is the Billing Provider also the Rendering Provider? ☐ Yes ☒ No

RENDERING PROVIDER

Provider ID: * Type:

Is the Billing Provider also the Supervising Provider? ☐ Yes ☒ No

Is this service the result of a referral? ☐ Yes ☒ No

Is this service the result of a Primary Care Referral? ☐ Yes ☒ No

BENEFICIARY INFORMATION

BENEFICIARY

Beneficiary ID: *

Last Name: * First Name: * MI: Suffix:

Submitted Dental Claim Details

TCN: 2 00

Billing Provider ID:

Billing Provider Name:

Beneficiary ID:

Beneficiary Name:

Date of Service:

Upload Documents Print Close

- Once claim is completed, click Submit Claim
- The TCN box will pop-up which displays the TCN number for further tracking, to attach documentation to the claim click Upload Documents



FFS ▾

Document Management Portal

Friday, August 15, 2014

[Return to CHAMPS](#)[Search Documents](#) | [Document Upload](#) | [Messages](#) | [FAX Cover Sheet](#)**Document Upload**Instructions.

- All fields marked with an asterisk (*) are required.
- The date of service is required only when the Document Type chosen is 'CLAIM'.
- A TCN is required only when the Document Title is 'PREDICTIVE MODELING'.
- TCN entered must be header TCN (ending in 000).
- A maximum of 5 TCN numbers can be entered. Separate each TCN with a semicolon (e.g. 764528810024212000;93428810024212000).
- A maximum of 5 NPI numbers can be entered. Separate each NPI with a semicolon (e.g. 1234567890;1987654321).
- Allowable file extensions for uploading: .pdf, .doc, .docx, .xls, .xlsx, .jpg, .jpeg, .tif, and .tiff.

* Beneficiary ID :	<input type="text"/>	* NPI :	<input type="text"/>
* Beneficiary First Name :	<input type="text"/>	Beneficiary Last Name	<input type="text"/>
* Sender Name :	<input type="text"/>	* Sender Phone :	<input type="text"/>


No of documents to upload :

Document Type *	Document Title *	Date of Service From *	Date of Service To *	TCN *	Message	Attach*
Select ▾	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> Browse...
<div>Submit Clear</div>						

- Document Management Portal (DMP) will then launch in a separate window and will allow documentation to be uploaded and will be attached to the TCN number

Claims

Search Template-Search previously saved templates for use


My Inbox ▾
Provider ▾
Claims ▾
Member ▾
PA ▾

Note Pad
External Links ▾
My Favorites ▾
Print
Help

Provider Portal

NPI:
Name:

Latest updates

System Notification


Attention All Providers: Due to system maintenance activities, the CHAMPS system will be down between 6:00 AM Saturday, January 10th through 9:00 PM Sunday, January 11th, 2015 with the exception of Health Care Eligibility Benefit Inquiry and Response (Core 270/271) Real-time transactions which will be down between 6:00am and 10:00am on Saturday January 10th. This outage will affect the CHAMPS system access for all functionality.

My Reminders

Filter By Go
Save Filters
My Filters ▾

	Alert Type ▲ ▼	Alert Message ▲ ▼	Alert Date ▲ ▼	Due Date ▲ ▼	Read ▲ ▼
No Records Found !					

Calendar


11:48 AM
12 January 2015
Monday

2015 January

Mo	Tu	We	Th	Fr	Sa	Su
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	
←		Today		→		

- Click Claims tab



Close Delete Template

Search Templates

Filter By ▾ And Filter By ▾ Go Save Filters My Filters ▾

<input type="checkbox"/>	Template Number ▲ ▼	Billing Provider NPI ▲ ▼	Invoice Type ▲ ▼	Pay-To Provider NPI ▲ ▼	Procedure Codes ▲ ▼	Created Date ▲ ▼
<input type="checkbox"/>	10000001		I-Institutional			05/29/2014
<input type="checkbox"/>	10000002		I-Institutional			05/29/2014
<input type="checkbox"/>	10000003		I-Institutional		72069, 73520	02/05/2015

View Page: 1 Go Page Count SaveToXLS


Viewing Page: 1

First Prev Next Last

- A list of previously saved templates will be displayed
- To use the saved template click the template number hyperlink

Claims

Adjust- How to make changes or corrections to a paid status claim


My Inbox ▾
Provider ▾
Claims ▾
Member ▾
PA ▾

⌵
Note Pad
External Links ▾
★ My Favorites ▾
Print
Help

Provider Portal

NPI:
Name:

Latest updates

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My Reminders

Filter By ▾ Go
Save Filters
My Filters ▾

	Alert Type ▲ ▾	Alert Message ▲ ▾	Alert Date ▲ ▾	Due Date ▲ ▾	Read ▲ ▾
No Records Found !					

Calendar


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19	20	21	22	23	24	25
26	27	28	29	30	31	
←		Today		→		

- Click Claims tab



My Inbox ▾

Provider ▾

Claims ▾

Member ▾

PA ▾



Note Pad

External Links ▾

My Favorites ▾

Print

Help

Home > Provider Portal

Close



Adjust Claims



TCN: 3 00

Go



- Enter the most current paid status TCN and click GO
- The TCN must be the header TCN ending in 00

Header TCN: 4 00

Beneficiary ID:

Name:

Show



TCN	Error Description	Erroneous Data
▲ ▼	▲ ▼	▲ ▼

No Records Found !



Header Details

Upload/View Documents

0 0

TCN: 4 00

Claim Type:

Source: Web

Original TCN: 3 00

Adjustment Source:

Claim Status: In Process

No Of Lines: 2

Medicare: N

Commercial: N

Related Cause: NO

Beneficiary ID: *

Last Name:

First Name:

Gender: *

DOB: *

Age: 0

Patient Account Number:

Admit Date:

Place of Service: 22-Outpatient Hospital

Billing Provider ID: * Type: NPI *

Pay To
Provider ID: Type: NPI

Billing
Provider Taxonomy:

Rendering Provider ID: Type: NPI

Referring Provider ID: Type:

Rendering
Provider Taxonomy:

Referring
Provider Taxonomy:

Step 2

Step 1

Adjust Void Save Cancel

- Make any changes or updates to the claim that are needed
- Click save
- Click adjust

Print Help

Header TCN: 4 00

Beneficiary ID: Name:

Show

TCN

Error D

Header Details

TCN:

Original TCN:

No Of Lines:

Related Cause:

Beneficiary ID:

Gender:

Patient Account Number:

Place of Service:

Billing Provider ID:

Billing

Provider Taxonomy:

Rendering Provider ID:

Rendering

Provider Taxonomy:

Welcome to MMIS - Windows Internet Explorer

Print Help

Header TCN: 4 00

Beneficiary ID: Name:

Adjust Claim

Please enter the following information

Adjustment Source: PIA-Provider Initiated ADJ *

Comment: Enter a note as to why the claim is being adjusted

Page ID: dlgAdjustClaimDoc(Claims)

Done

Trusted sites | Protected Mode: Off

125%

Adjust Void Save Cancel

Step 1

Step 2


Step 3

OK Cancel

- Select PIA-Provider Initiated Adj from the Adjustment Source dropdown box
- Enter a note as to why the claim is being adjusted
- Click OK and your adjustment is complete, you will be taken back to the screen where you first entered your paid TCN number

Claims

Void-How to void a paid status claim to return money to MDCH


My Inbox ▾
Provider ▾
Claims ▾
Member ▾
PA ▾

Note Pad
External Links ▾
My Favorites ▾
Print
Help

Provider Portal

NPI:
Name:

Latest updates

System Notification

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My Reminders

Filter By Go
Save Filters
My Filters ▾

	Alert Type ▲ ▼	Alert Message ▲ ▼	Alert Date ▲ ▼	Due Date ▲ ▼	Read ▲ ▼
No Records Found !					

Calendar

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2015 January

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12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	
←		Today		→		

- Click Claims tab



Close



Adjust Claims

TCN: 3 00



Go

- Enter the most current paid status TCN and click GO
- The TCN must be the header TCN ending in 00

Header TCN: 3 00

Beneficiary ID:

Name: ,

Show ▼

Header Details

Upload/View Documents 0 0

TCN: 3 00

Claim Type: J - Professional

Source: HIPAA

Original TCN:

Adjustment Source:

Claim Status: Paid

No Of Lines: 1

Medicare: Y

Commercial: N

Related Cause: NO

Beneficiary ID: *

Last Name:

First Name:

Gender: *

DOB: *

Age: 50

Patient Account Number:

Admit Date:

Place of Service: 21-Inpatient Hospital

Billing Provider ID: * Type: NPI *

Pay To
Provider ID: Type: NPI

Billing
Provider Taxonomy:

Rendering Provider ID: Type: NPI

Referring Provider ID: Type:

Rendering

Referring

Adjust Void Save Cancel



- Click Void

Print Help

Header TCN: 3 00
Beneficiary ID: Name:

TCN
View Page: 1 Go

Header Details

Original
No Of L
Related Ca
Benefici
Gen
Patient Account Num
Place of Ser
Billing Provide
Provider Taxonomy:
Rendering Provider ID: Type: NPI
Referring Provider ID: Type:

Welcome to MMIS - Windows Internet Explorer

Print Help

Header TCN: 3 00
Beneficiary ID: Name: ,

Void Claim

Please enter the following information

Void Source: PIV-Provider Initiated VOID * Step 1

Comment: Enter a note as to why the claim is being voided Step 2

Step 3

OK Cancel

Page ID: dlgVoidClaimDoc(Claims)


Done Trusted sites | Protected Mode: Off 125%

Adjust Void Save Cancel

- Select PIA-Provider Initiated VOID from the Adjustment Source dropdown box
- Enter a note as to why the claim is being voided
- Click OK and your void is complete, you will be taken back to the screen where you first entered your paid TCN number

Claims

Inquiry-How to review paid/denied/suspended claims


My Inbox ▾
Provider ▾
Claims ▾
Member ▾
PA ▾

Note Pad
External Links ▾
My Favorites ▾
Print
Help

Provider Portal

NPI:
Name:

Latest updates

System Notification


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My Reminders

Filter By ▾ Go
Save Filters
My Filters ▾

	Alert Type ▲ ▾	Alert Message ▲ ▾	Alert Date ▲ ▾	Due Date ▲ ▾	Read ▲ ▾
No Records Found !					

Calendar


11:48 AM
12 January 2015
Monday

2015 January

Mo	Tu	We	Th	Fr	Sa	Su
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	
←		Today		→		

- Click Claims tab



Close

Inquire Claim

Filter By ▾

Admission Date
Approved Amount
Batch ID
Beneficiary ID
Claim Notes
Claim Type
Consumer ID
From/To Dates
Medical Record Number
MiChild ID
Original TCN
PA Number
Patient Account Number
Pay Cycle Date
Recipient ID
Referral Number
Rendering Provider NPI
TCN Load Date
TCN

And ▾

Filter By ▾

And

Filter By ▾

APC Pay Status
Adjudication Date
Admission Date
Approved Amount
Batch ID
Beneficiary ID
Beneficiary Name
Claim Notes
Claims Filing Indicator
Code Category
Consumer ID
Copoly Tier
Diagnosis Code
FPL
From/To Dates
GA/RP ID
HIPAA Version
ICO Indicator
Invoice Date
Invoice Type
Line Approved Amount
Line Item Control Number
MAGI Category
Medical Record Number
MiChild ID
Modifier
NDC Code
Oral Cavity
Original TCN

And ▾

Filter By ▾

And ▾

With Status ▾

In ▾

Claim ▾

Last 6 Months ▾

Save Filters

My Filters ▾

Date To Date Submitted Charges

Status Approved Amount Pay Cycle Date

- Select filter by criteria
- If filtering by the TCN number, choose TCN from the first dropdown selection enter the header TCN in the corresponding box
- Click Go



Close

Inquire Claim

From/To Dates ▾ 01/01/2013 04/01/2014 And Beneficiary ID ▾ % And Reason Code ▾ % And
Filter By ▾ And Filter By ▾ With Status ▾ In Claim ▾ All ▾ Go Save Filters My Filters ▾

TCN ▲ ▼	From Date ▲ ▼	To Date ▲ ▼	Submitted Charges ▲ ▼	Claim Status ▲ ▼	Approved Amount ▲ ▼	Pay Cycle Date ▲ ▼	Beneficiary ID ▲ ▼	Reason Code ▲ ▼
31' 2000	05/22/2013	05/22/2013	\$72.00	Paid	\$40.01	06/20/2013	00: 7	
31' 6000	01/25/2013	01/27/2013	\$15,539.73	Paid	\$0.00	06/20/2013	00: 3	142, 18, 3
31' 1000	05/20/2013	05/20/2013	\$27.00	Denied	\$0.00	06/13/2013	11: 1	6
31' 3000	03/11/2013	03/11/2013	\$78.00	Paid	\$41.92	06/20/2013	00: 3	
31' 9000	05/22/2013	05/22/2013	\$895.00	Paid	\$70.12	06/20/2013	11: 4	
31' 6000	05/22/2013	05/22/2013	\$114.00	Paid	\$7.00	06/20/2013	11: 7	23
31' 0000	05/26/2013	05/27/2013	\$15,487.36	Adjusted	\$2,570.52	06/20/2013	10: 5	140, 18
31' 4000	05/22/2013	05/22/2013	\$69.00	Paid	\$51.65	06/20/2013	00: 5	3
31' 8000	05/22/2013	05/22/2013	\$908.00	Paid	\$222.14	06/20/2013	00: 0	16, 3
31' 7000	05/22/2013	05/22/2013	\$614.00	Paid	\$102.71	06/20/2013	00: 3	3

- After the query has ran and returned results click the Save TOXLS button to allow the query to open within a Microsoft Excel worksheet



Close

Inquire Claim

From/To Dates ▾ 01/01/2013 04/01/2014 And Beneficiary ID ▾ % And Reason Code ▾
% And Filter By ▾ And Filter By ▾ With Status ▾ In Claim ▾ All ▾ Go

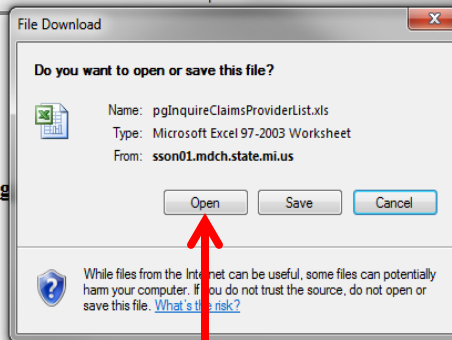
TCN

31	000
31	000
31	000
31	000
31	000
31	000
31	000
31	000
31	000
31	000

Close

Your request is being

now when download is complete.



- Once the Microsoft Excel window pops up select either open or save

pgInquireClaimsProviderList[1] [Protected View] - Microsoft Excel

Protected View This file originated from an Internet location and might be unsafe. Click for more details. Enable Editing


	A1		TCN																	
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T
1	TCN	From Date	To Date	Submitted	Claim Stat	Approved	Pay Cycle	Beneficiary	Reason Code											
2	21	000	06/04/2013	06/04/2013	\$1,400.00	Denied	\$0.00	08/07/2014	16,16,23,29,45											
3	21	000	06/04/2013	06/04/2013	\$1,400.00	Paid	\$218.56	10/22/2014	16,45,23,29,45											
4	31	000	01/03/2013	01/03/2013	\$93.00	Paid	\$0.00	01/31/2013	125,22,45,3,45											
5	31	000	01/14/2013	01/14/2013	\$120.00	Paid	\$34.07	01/31/2013	125											
6	31	000	01/16/2013	01/16/2013	\$185.00	Denied	\$0.00	02/28/2013	125,18,B5											
7	31	000	01/07/2013	01/07/2013	\$290.00	Paid	\$20.00	02/07/2013	125,140,45,45											
8	31	000	01/22/2013	01/22/2013	\$335.00	Denied	\$0.00	01/31/2013	125,24											
9	31	000	01/16/2013	01/16/2013	\$185.00	Paid	\$70.31	02/21/2013	125,B5											
10	31	000	01/17/2013	01/17/2013	\$300.00	Paid	\$74.26	03/07/2013	125,22,22,3,45,B5											
11	31	000	01/22/2013	01/22/2013	\$165.00	Paid	\$50.31	02/21/2013	125,22,45,23,45											
12	31	000	01/29/2013	01/29/2013	\$185.00	Paid	\$0.00	04/04/2013	125,22,45,22,3,45											
13	31	000	02/05/2013	02/05/2013	\$300.00	Paid	\$25.95	03/07/2013	125,22,45,22,45											
14	31	000	01/08/2013	01/08/2013	\$208.00	Paid	\$20.00	04/04/2013	125,22,45,22,45											
15	31	000	02/20/2013	02/20/2013	\$185.00	Void	\$70.31	03/07/2013	125											
16	31	000	02/12/2013	02/12/2013	\$120.00	Paid	\$0.00	03/07/2013	125,45,45											
17	31	000	02/13/2013	02/13/2013	\$165.00	Paid	\$0.00	04/04/2013	125,22,45,3,45,B5											
18	31	000	03/04/2013	03/04/2013	\$185.00	Denied	\$0.00	04/11/2013	125,22,B5											
19	31	000	02/14/2013	02/14/2013	\$185.00	Paid	\$20.00	03/21/2013	125,22,45,23,45											
20	31	000	01/17/2013	01/17/2013	\$20.00	Paid	\$20.00	04/18/2013	125,22,22											
21	31	000	01/14/2013	01/14/2013	\$185.00	Paid	\$70.31	05/09/2013	125,22,22,45,B5											
22	31	000	01/10/2013	01/10/2013	\$1,400.00	Paid	\$218.80	03/28/2013	125,22,45,23,45											
23	31	000	02/26/2013	02/26/2013	\$93.00	Paid	\$0.00	03/28/2013	125,22,45,3,45											
24	31	000	03/07/2013	03/07/2013	\$165.00	Paid	\$0.00	04/18/2013	125,45,45,B5											
25	31	000	03/26/2013	03/26/2013	\$185.00	Denied	\$0.00	04/04/2013	125,24,B5											
26	31	000	03/27/2013	03/27/2013	\$253.00	Paid	\$64.81	04/11/2013	125,3											
27	31	000	03/21/2013	03/21/2013	\$165.00	Denied	\$0.00	06/27/2013	125,22,45,B5											
28	31	000	04/01/2013	04/01/2013	\$188.00	Denied	\$0.00	04/18/2013	125,45,B7											
29	31	000	04/01/2013	04/01/2013	\$188.00	Denied	\$0.00	04/18/2013	125,45,B7											
30	31	000	03/26/2013	03/26/2013	\$300.00	Paid	\$62.67	06/20/2013	125,45,22,45											
31	31	000	04/10/2013	04/10/2013	\$208.00	Paid	\$87.54	06/27/2013	125,22,22,45											
32	31	000	04/16/2013	04/16/2013	\$185.00	Paid	\$68.31	05/02/2013	125,3											
33	31	000	04/08/2013	04/08/2013	\$185.00	Paid	\$20.00	07/03/2013	125,22,45,45,B5											
34	31	000	04/08/2013	04/08/2013	\$185.00	Paid	\$70.31	07/03/2013	125,22,22,45											
35	31	000	02/18/2013	02/18/2013	\$120.00	Paid	\$0.00	05/09/2013	125,22,45,45											
36	31	000	02/21/2013	02/21/2013	\$93.00	Paid	\$0.00	05/09/2013	125,22,45,45											
37	31	000	04/16/2013	04/16/2013	\$165.00	Paid	\$0.00	07/03/2013	125,22,45,3,45,B5											
38	31	000	01/17/2013	01/17/2013	\$280.00	Paid	\$38.62	05/16/2013	125,22,45,23,45											
39	31	000	04/15/2013	04/15/2013	\$165.00	Paid	\$0.00	05/23/2013	125,22,45,3,45											
40	31	000	01/10/2013	01/10/2013	\$93.00	Paid	\$28.19	06/23/2013	125											

Ready

- The query information will then be opened and displayed within Microsoft Excel

Member

Eligibility Inquiry-How to verify eligibility for a beneficiary


My Inbox ▾
Provider ▾
Claims ▾
Member ▾
PA ▾

Note Pad
External Links ▾
My Favorites ▾
Print
Help

Provider Portal

NPI:
Name:

Latest updates

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My Reminders

Filter By Go
Save Filters
My Filters ▾

	Alert Type ▲ ▼	Alert Message ▲ ▼	Alert Date ▲ ▼	Due Date ▲ ▼	Read ▲ ▼
No Records Found !					

Calendar


11:48 AM
12 January 2015
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2015 January

Mo	Tu	We	Th	Fr	Sa	Su
			1	2	3	4
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19	20	21	22	23	24	25
26	27	28	29	30	31	
←		Today		→		

- Click the Member tab



Close Submit



TO SUBMIT AN ELIGIBILITY INQUIRY ON A SPECIFIC MEMBER, COMPLETE ONE OF THE FOLLOWING CRITERIA SETS AND CLICK 'SUBMIT'.

- MEMBER ID/CLIENT IDENTIFICATION NUMBER(CIN)/CARD NUMBER/PENDING ELIGIBILITY RID OR
- LAST NAME, FIRST NAME AND DATE OF BIRTH OR
- LAST NAME, FIRST NAME AND SSN OR
- SSN AND DATE OF BIRTH
- ADDITIONAL SEARCH OPTIONS (Use if needed with one of the Search Options above to obtain a unique member match) :
 - GENDER
 - ZIP CODE
 - CASE NUMBER

MEMBER ELIGIBILITY INQUIRY

SEARCH MA PENDING ELIGIBILITY: ☐

SEARCH BY SERVICE TYPE(S): ☐

SERVICING PROVIDER NPI/PROVIDER ID: *

FILTER BY:

LAST NAME:

DATE OF BIRTH:

Gender:

MICHILD Case Number:

INQUIRY START DATE: *

SSN:

FIRST NAME:

Zip Code:

MA Case Number:

INQUIRY END DATE: *

- Select the Filter By criteria from the dropdown selection
- Change the inquire start and end date if looking for different dates then the system date (current date)
- Click Submit



Member ID:

Name:



Fee for Service Dental Coverage (Note: Refer to Medicaid Provider Manual/MDCH website for details on covered services including PA, copay and other requirements. Some services may not be covered if age 21 and older.)

INQUIRY DATE RANGE: 01/12/2015 - 01/12/2015

GENDER:

DATE OF BIRTH:

CASE NUMBER:

CASE PHONE: EXT:

CASE EMAIL:

COUNTY OF RESIDENCE: 63-OAKLAND

MAGI CATEGORY:

WORKER LOAD NUMBER:

COMMERCIAL / OTHER: Y

CSHCS RESTRICTIONS: N

MHP PCP: N

BMP PROVIDER RESTRICTION: N

PE INDICATOR: N

DHS PHONE:

DHS COUNTY:

CITIZENSHIP: U.S. Citizen

MA PROGRAM CODE: N

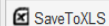
[Print Member Summary](#)

[Non Covered Service Types](#)

BENEFIT PLANS

Benefit Plan Id ▲ ▼	Benefit Plan Type ▲ ▼	CHAMPS Provider Id ▲ ▼	Service Type Details ▲ ▼	Created Date ▲ ▼	Transaction Date ▲ ▼	Start Date ▲ ▼	End Date ▲ ▼
PIHP	MANAGED CARE	1705289	Click To View Service Types	07/15/2014	07/15/2014	01/12/2015	01/12/2015
MA	FEE FOR SERVICE		Click To View Service Types	07/15/2014	07/15/2014	01/12/2015	01/12/2015
NEMT	MANAGED CARE	2304993	Click To View Service Types	07/15/2014	07/15/2014	01/12/2015	01/12/2015

View Page: 1



Viewing Page: 1



- Click the hyperlink for Click to View Service Types to review available benefits under the benefit plan



Member ID:

Name:

Close



Member Benefit Plan Service Types



None



Go

Save Filters

My Filters ▾

Benefit Plan Id ▲ ▼	Service Type Code ▲ ▼	Service Type Description ▲ ▼	Co-Payment ▲ ▼	Co-Insurance ▲ ▼	Deductible ▲ ▼	Start Date ▲ ▼	End Date ▲ ▼
MA	1	Medical Care	0			01/12/2015	01/12/2015
MA	2	Surgical	0			01/12/2015	01/12/2015
MA	4	Diagnostic X-Ray	0			01/12/2015	01/12/2015
MA	5	Diagnostic Lab	0			01/12/2015	01/12/2015
MA	6	Radiation Therapy	0			01/12/2015	01/12/2015
MA	7	Anesthesia	0			01/12/2015	01/12/2015
MA	8	Surgical Assistance	0			01/12/2015	01/12/2015
MA	12	Durable Medical Equipment Purchased	0			01/12/2015	01/12/2015
MA	13	Ambulatory Service Center Facility	0			01/12/2015	01/12/2015
MA	18	Durable Medical Equipment Rental	0			01/12/2015	01/12/2015

View Page:

2

Go

Page Count

SaveToXLS

Viewing Page: 1

First

Prev

Next

Last

- The available benefits will then be displayed



Member ID: Name:

Close

Fee for Service Dental Coverage (Note: Refer to Medicaid Provider Manual/MDCH website for details on covered services including PA, copay and other requirements. Some services may not be covered if age 21 and older.)

INQUIRY DATE RANGE: 01/12/2015 - 01/12/2015

GENDER:

DATE OF BIRTH:

CASE NUMBER:

CASE PHONE: EXT:

CASE EMAIL:

COUNTY OF RESIDENCE: 63-OAKLAND

MAGI CATEGORY:

WORKER LOAD NUMBER:

COMMERCIAL / OTHER: Y

CSHCS RESTRICTIONS: N

MHP PCP: N

BMP PROVIDER RESTRICTION: N

PE INDICATOR: N

DHS PHONE:

DHS COUNTY:

CITIZENSHIP: U.S. Citizen

MA PROGRAM CODE: N

[Print Member Summary](#)

[Non Covered Service Types](#)

BENEFIT PLANS

Benefit Plan Id ▲▼	Benefit Plan Type ▲▼	CHAMPS Provider Id ▲▼	Service Type Details ▲▼	Created Date ▲▼	Transaction Date ▲▼	Start Date ▲▼	End Date ▲▼
PIHP	MANAGED CARE	1705289	Click To View Service Types	07/15/2014	07/15/2014	01/12/2015	01/12/2015
MA	FEE FOR SERVICE		Click To View Service Types	07/15/2014	07/15/2014	01/12/2015	01/12/2015
NEMT	MANAGED CARE	2304993	Click To View Service Types	07/15/2014	07/15/2014	01/12/2015	01/12/2015

View Page: 1 Go Page Count SaveToXLS

Viewing Page: 1

First Prev Next Last

- If a beneficiary has a primary payer on file for the date of service being checked the Commercial/Other will be Y
- Click the Commercial/Other Hyperlink to review the primary payer on file



Member ID:

Name:

Close

SEARCH BY: MEMBER ID:

no access

MEMBER

MEMBER ID:

NAME:

DOB:

INSURANCE DETAILS

All ▾

Active ▾

Go

Save Filters

My Filters ▾

PAYER NAME ▲ ▼	PAYER ID ▲ ▼	COVERAGE TYPE ▲ ▼	GROUP NUMBER ▲ ▼	POLICY NUMBER ▲ ▼	POLICY HOLDER ID ▲ ▼	DATE LAST UPDATED ▲ ▼	BEGIN DATE ▲ ▼	END DATE ▲ ▼
BCN	28214005	X2				11/14/2014	06/01/2014	12/31/2999

View Page: 1

Go

Page Count

SaveToXLS

Viewing Page: 1

First

Prev


Next


Last

- The primary payer information will then be displayed
- Including the coverage type, group number, policy number, date updated and begin and end dates

Prior Authorization

PA Request list-Review prior authorizations by multiple filter criteria


My Inbox ▾
Provider ▾
Claims ▾
Member ▾
PA ▾


Note Pad
External Links ▾
My Favorites ▾
Print
Help

Provider Portal

NPI:
Name:

Latest updates

System Notification

All, Due to state network maintenance activities, Core 270/271 Real-time transactions will experience periodic outages and providers may not be able to retrieve HIPAA files from the CHAMPS screens between 5:00 pm and 9:00pm, Saturday, March 28th 2015 and also between 6:00 am, Sunday March 29th and 2:00am, Monday March 30th. Providers may also experience a delay on receiving batch 271 response files for 270 files submitted after Friday March 27th 7:00 pm.


My Reminders

Filter By Go
Save Filters
My Filters ▾

Alert Type	Alert Message	Alert Date	Due Date	Read
<input type="checkbox"/>				

View Page: Go Page Count SaveToXLS
Viewing Page: 1
First Prev Next Last

Calendar


12:05 PM
27 March 2015
Friday

2015 March						
Mo	Tu	We	Th	Fr	Sa	Su
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

←
Today
→

- Click the PA tab



Close Add New Request

PA Request List

Hide Filter

Filter By ▾ And Filter By ▾ And Filter By ▾
Go Save Filters My Filters ▾

Page View ▲▼	Org ▲▼	Beneficiary ID ▲▼	Beneficiary Name ▲▼	Tracking No. ▲▼	Request Date ▲▼	Status ▲▼	NPI/ID ▲▼	Upload ▲▼
					02/06/2012	Entering		
					02/08/2012	Entering		
	PA - MPRO				05/23/2014	Requested		
	PA - MPRO				05/23/2014	Requested		
	PA - MPRO				05/23/2014	Requested		
	PA - MPRO				05/23/2014	Requested		
	PA - MPRO				05/23/2014	Requested		
	PA - MPRO				05/27/2014	Requested		

View Page: 1 Go Page Count SaveToXLS

Viewing Page: 1

First Prev Next Last

- A list of prior authorizations will then be displayed
- The filter By dropdown can be used to add additional filter criteria

Prior Authorization

PA Inquire-Look up a specific PA tracking number



PA REQUEST LIST

PA Request List

PA INQUIRE

PA Inquire



NPI:

Name:

Latest updates

System Notification

Attention All Providers: Due to a scheduled maintenance of the CHAMPS system will be down between 6:00 AM with the exception of Health Care Eligibility Benefit Inquiry and Response (Core 270/271) Real-time transactions which will be down between 6:00am and 10:00am on Saturday January 10th. This outage will affect the CHAMPS system access for all functionality.

Calendar

3:42 PM 12 January 2015 Monday

2015 January

Mo	Tu	We	Th	Fr	Sa	Su
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	
←			Today		→	

My Reminders

Filter By

Go

Save Filters

My Filters ▾

	Alert Type	Alert Message	Alert Date	Due Date	Read
	▲ ▼	▲ ▼	▲ ▼	▲ ▼	▲ ▼
No Records Found !					

- Select the PA Inquire Option



My Inbox ▾

Provider ▾

Claims ▾

Member ▾

PA ▾



Note Pad

External Links ▾

★ My Favorites ▾

Print

Help

Home > Provider Portal > PA Inquire



Close



Submit



Step 2



PA Inquire:



Tracking No.:

*



Step 1

- Enter the PA Tracking number
- Click Submit



Close

PA Utilization



Tracking No:

Beneficiary ID:

Service:

Request Date: 10/2/2012

Service Start Date: 10/15/2012

Requestor NPI:

Requestor ID:

Authorization Status: Approved

Beneficiary Name:

Organization: PA - MDCH

Last Updated Date: 10/16/2012

Service End Date: 10/31/2012

Requestor Name:

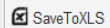
Source of Request:

Line #	Servicing Prov NPI	Servicing Prov ID	Service TRN	Code	Mod1	Mod2	ToothNum	Auth Units	Auth \$ Amount	Used Units	From Date	To Date	Status
▲ ▼	▲ ▼	▲ ▼	▲ ▼	▲ ▼	▲ ▼	▲ ▼	▲ ▼	▲ ▼	▲ ▼	▲ ▼	▲ ▼	▲ ▼	▲ ▼
01				E2366				0	0.00	0	10/15/2012	10/31/2012	No Action
02				E2361				2	0.00	2	10/15/2012	10/31/2012	Approved
03				K0739				0	0.00	0	10/15/2012	10/31/2012	Included

View Page: 1



Page Count



Viewing Page: 1




- The prior authorization information will then be displayed

Filter

Saving and deleting personal filters

New CHAMPS feature


My Inbox ▾
Provider ▾
Claims ▾
Member ▾
PA ▾

⌵
Note Pad
External Links ▾
★ My Favorites ▾
Print
Help

Provider Portal


NPI:
Name:

Latest updates

System Notification

Attention All Providers: Due to system maintenance activities, the CHAMPS system will be down between 6:00 AM Saturday, January 10th through 9:00 PM Sunday, January 11th, 2015 with the exception of Health Care Eligibility Benefit Inquiry and Response (Core 270/271) Real-time transactions which will be down between 6:00am and 10:00am on Saturday January 10th. This outage will affect the CHAMPS system access for all functionality.

Calendar


11:48 AM
12 January 2015
Monday

2015 January

Mo	Tu	We	Th	Fr	Sa	Su
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

←
Today
→

My Reminders

Filter By ▾ Go
Save Filters
My Filters ▾

	Alert Type ▲ ▾	Alert Message ▲ ▾	Alert Date ▲ ▾	Due Date ▲ ▾	Read ▲ ▾
No Records Found !					

- Select any tab where there is an option to add a My Filter
- In this example we have selected the Claims tab



Close

Inquire Claim

- Filter By ▾
- Filter By
 - Admission Date
 - Approved Amount
 - Batch ID
 - Beneficiary ID
 - Claim Notes
 - Claim Type
 - Consumer ID
 - From/To Dates
 - Medical Record Number
 - MiChild ID
 - Original TCN
 - PA Number
 - Patient Account Number
 - Pay Cycle Date
 - Recipient ID
 - Referral Number
 - Rendering Provider NPI
 - TCN Load Date
 - TCN

And Filter By ▾

Date To Date Submitted Charges

- Filter By ▾
- Filter By
 - APC Pay Status
 - Adjudication Date
 - Admission Date
 - Approved Amount
 - Batch ID
 - Beneficiary ID
 - Beneficiary Name
 - Claim Notes
 - Claims Filing Indicator
 - Code Category
 - Consumer ID
 - Copay Tier
 - Diagnosis Code
 - FPL
 - From/To Dates
 - GA/RP ID
 - HIPAA Version
 - ICO Indicator
 - Invoice Date
 - Invoice Type
 - Line Approved Amount
 - Line Item Control Number
 - MAGI Category
 - Medical Record Number
 - MiChild ID
 - Modifier
 - NDC Code
 - Oral Cavity
 - Original TCN

And Filter By ▾

With Status In Claim Last 6 Months

Save Filters

My Filters ▾

- Select the criteria needed for your filter



Close

Inquire Claim

TCN Load Date ▾ 05/01/2014 08/15/2014 And Beneficiary ID ▾ % ▾ And Reason Code ▾
252 And Filter By ▾ ▾ And Filter By ▾ ▾ In Process ▾ In Claim ▾ Last 6 Months ▾
Go Save Filters My Filters ▾

	TCN ▲ ▾	From Date ▲ ▾	To Date ▲ ▾	Submitted Charges ▲ ▾	Claim Status ▲ ▾	Approved Amount ▲ ▾	Pay Cycle Date ▲ ▾
No Records Found !							

- Once you have selected the criteria click the Save Filters button
- In this example we have choose TCN load date, beneficiary ID % and reason code 252 which is for Predictive Modeling

CHAMPS

My Inbox Provider Claims Member PA

Note Pad External Links My Favorites Print Help

Provider Portal Inquire Claims

Close

Inquire Claim

TCN Load Date 05/01/2014

252 And Filter By

Go

TCN From Date To Date

And Reason Code

process In Claim Last 6 Months

Save Filters My Filters

Pay Cycle Date

Save Filter

Filter name : Suspended PM claims

Filter Description (100 Characters): Predictive modeling suspended claims

Save Close

- Enter a name for the Filter and a description
- Click Save



Close

Inquire Claim

Filter By ▾ And Filter By ▾ And Filter By ▾
 And Filter By ▾ And Filter By ▾ With Status ▾ In Claim ▾ Last 6 Months ▾
Go Save Filters My Filters ▾

TCN	From Date	To Date	Submitted Charges	Claim Status	Approved Amount	Pay Cycle	Suspended PM claims
▲ ▼	▲ ▼	▲ ▼	▲ ▼	▲ ▼	▲ ▼	▲ ▼	🕒

No Records Found !

- The filter will now be saved under the My Filters button
- Changes cannot be made to a saved Filter the Filter would need to be deleted and re-created if changes are needed



Close

Inquire Claim

TCN Load Date ▾ 05/01/2014 08/15/2014 And Beneficiary ID ▾ % ▾ And Reason Code ▾
252 And Filter By ▾ ▾ And Filter By ▾ ▾ In Process ▾ In Claim ▾ Last 6 Months ▾
Go Save Filters My Filters ▾

TCN ▲▼	From Date ▲▼	To Date ▲▼	Submitted Charges ▲▼	Claim Status ▲▼	Approved Amount ▲▼	Pay Cycle Date ▲▼	Beneficiary ID ▲▼	Reason Code ▲▼	TCN Load Date ▲▼
<input type="checkbox"/>			\$3,705.05	Suspended	\$0.00			133, 140, 252,50	05/01/2014
<input type="checkbox"/>			\$387.00	Suspended	\$0.00			133, 22, 252	05/01/2014
<input type="checkbox"/>			\$1,152.00	Suspended	\$0.00			133, 22, 252, 96,11	05/01/2014
<input type="checkbox"/>			\$115.00	Suspended	\$0.00			133, 22, 252	05/01/2014
<input type="checkbox"/>			\$1,189.00	Suspended	\$0.00			133, 22, 252, 96,11	05/01/2014
<input type="checkbox"/>			\$178.00	Suspended	\$0.00			133, 252,4	05/01/2014
<input type="checkbox"/>			\$244.00	Suspended	\$0.00			133, 22, 252	05/01/2014
<input type="checkbox"/>			\$813.00	Suspended	\$0.00			133, 140, 22, 252,11	05/01/2014
<input type="checkbox"/>			\$1,156.00	Suspended	\$0.00			133, 140, 22, 252, 96,11	05/01/2014
<input type="checkbox"/>			\$857.00	Suspended	\$0.00			133, 22, 252,11	05/01/2014

View Page: 2 Go Page Count SaveToXLS

Viewing Page: 1

First Prev Next Last

- Select the saved filter to run the query



Close

Inquire Claim

Filter By ▾ And Filter By ▾ And Filter By ▾ And Filter By ▾ With Status ▾ In Claim ▾ Last 6 Months ▾

Go Save Filters My Filters ▾

	TCN ▲ ▼	From Date ▲ ▼	To Date ▲ ▼	Submitted Charges ▲ ▼	Claim Status ▲ ▼	Approved Amount ▲ ▼	Pay Cycle Date ▲ ▼
No Records Found !							

- To delete a previously saved filter select the filter that needs to be deleted from the My Filters dropdown



Close

Inquire Claim

Filter By ▾ And Filter By ▾ And Filter By ▾
 And Filter By ▾ And Filter By ▾ With Status ▾ In Claim ▾ Last 6 Months ▾
Go Save Filters My Filters ▾

TCN	From Date	To Date	Submitted Charges	Claim Status	Approved Amount	Pay Cycle	Suspended PM claims
▲ ▼	▲ ▼	▲ ▼	▲ ▼	▲ ▼	▲ ▼	▲ ▼	⚙
No Records Found !							

- Click the icon next to the saved filter



Close

Inquire Claim

Filter By ▾ And Filter By ▾ And Filter By ▾ And Filter By ▾ With Status ▾ In Claim ▾ Last 6 Months ▾


Go Save Filters My Filters ▾

	TCN ▲ ▾	From Date ▲ ▾	To Date ▲ ▾	Submitted Charges ▲ ▾	Claim Status ▲ ▾	Approved Amount ▲ ▾	Pay Cycle Date ▲ ▾
No Records Found !							

- The filter will then be deleted and no longer display under My Filters

Notepad

Feature that allows an electronic sticky note


My Inbox ▾
Provider ▾
Claims ▾
Member ▾
PA ▾

👤 ▾
📄 Note Pad
🔗 External Links ▾
★ My Favorites ▾
🖨️ Print
🆘 Help

🏠 > Provider Portal

NPI:
Name:

🔄 Latest updates

System Notification


Attention All Providers: Due to system maintenance activities, the CHAMPS system will be down between 6:00 AM Saturday, January 10th through 9:00 PM Sunday, January 11th, 2015 with the exception of Health Care Eligibility Benefit Inquiry and Response (Core 270/271) Real-time transactions which will be down between 6:00am and 10:00am on Saturday January 10th. This outage will affect the CHAMPS system access for all functionality.

📅 My Reminders

Filter By ▾ 🔍 Go
💾 Save Filters
🔼 My Filters ▾

	Alert Type ▲ ▾	Alert Message ▲ ▾	Alert Date ▲ ▾	Due Date ▲ ▾	Read ▲ ▾
No Records Found !					

📅 Calendar


11:48 AM
12 January 2015
Monday

2015 January

Mo	Tu	We	Th	Fr	Sa	Su
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	
←		Today		→		

- Click Note Pad to add an electronic sticky note

My Inbox
Provider
Claims
Member
PA

Note Pad
External Links
My Favorites
Print
Help

Provider Portal

NPI: Name:

Latest updates

System Notification

Due to system maintenance on State of Michigan Single Sign C and CHAMPS will be unavailable between 9:00 PM Saturday, A AM Sunday, April 26, 2015. This outage will affect CHAMPS system access for all functionality.

Notepad

This can be used as a sticky note
bene ID 0012345678
www.michigan.gov/medicaidproviders

Close Clear

Calendar

1:17 PM
29 April 2015
Wednesday

2015 April

Mo	Tu	We	Th	Fr	Sa	Su
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			
		Today				

My Reminders

Filter By Go
Save Filters
My Filters

	Alert Type	Alert Message	Alert Date	Due Date	Read
	▲ ▼	▲ ▼	▲ ▼	▲ ▼	▲ ▼
No Records Found !					

- Once open, any information can be added. Close when finished or information will not save in the Notepad
- The information will be visible in the Note Pad feature from screen to screen until the SSO session times out then it will be cleared

External Links

Links to other applications or websites accessible to providers



< My Inbox ▾ Provider ▾ Claims ▾ Member ▾ PA ▾



Note Pad

External Links ▾

★ My Favorites ▾

Print

Help

Home > Provider Portal

NPI:

Name:

Latest updates

System Notification

Attention all providers: The informational edit for a Billing Agent not associated to a Billing NPI will change to DENY effective August 1, 2014. Please refer to the Biller B Aware for further information.

My Reminders

Filter By



Go



Save Filters



My Filters ▾

<input type="checkbox"/>	Alert Type ▲ ▼	Alert Message ▲ ▼	Alert Date ▲ ▼	Due Date ▲ ▼	Read ▲ ▼
--------------------------	-------------------	----------------------	-------------------	-----------------	-------------

No Records Found !

Notification

	User1 sent you message Yesterday
	User1 sent you message Yesterday
	User1 sent you message Yesterday

Calendar



11:54 AM

22 August 2014
Friday

2014 August

Mo	Tu	We	Th	Fr	Sa	Su
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31



Today



System Messages

- Click on the External Links



NPI: Name:

Latest updates

System Notification

Due to system maintenance on State of Michigan Single Sign On (SSO), the CHAMPS system and CHAMPS will be unavailable between 9:00 PM Saturday, April 25, 2015 and 12:00 AM Sunday, April 26, 2015. This outage will affect CHAMPS system access and some functionality.

My Reminders

Filter By Go

Save Filter

	Alert Type ▲ ▼	Alert Message ▲ ▼	Alert Date ▲ ▼	Due Date ▲ ▼	Read ▲ ▼
--	-------------------	----------------------	-------------------	-----------------	-------------

No Records Found !

- Adult Foster Care
- CRNA
- DocFinder License Verification
- Document Management Portal
- EPLS Federal Sanctions
- Home Help Provider Resources
- MAIN
- MDCH web site
- Medicaid Code and Rate Reference
- Michigan Provider License
- NPPES
- National Practitioner Data Base
- OIG Federal Sanctions
- Taxonomy Codes
- USPS
- Washington Publishing Company


Calendar

12:04 PM 29 April 2015 Wednesday						
2015 April						
Tu	We	Th	Fr	Sa	Su	
	1	2	3	4	5	
7	8	9	10	11	12	
14	15	16	17	18	19	
21	22	23	24	25	26	
28	29	30				
Today						

- A list of available links will be displayed
- Select one of the available links to open within a separate window from CHAMPS

Favorites ~ Add and Delete

Add


My Inbox ▾
Provider ▾
Claims ▾
Member ▾
PA ▾

Note Pad
External Links ▾
★ My Favorites ▾
Print
Help


Provider Portal

NPI:


Latest updates

System Notification


Attention All Providers: Due to system maintenance activities, the CHAMPS system will be down between 6:00 AM Saturday, January 10th through 9:00 PM Sunday, January 11th, 2015 with the exception of Health Care Eligibility Benefit Inquiry and Response (Core 270/271) Real-time transactions which will be down between 6:00am and 10:00am on Saturday January 10th. This outage will affect the CHAMPS system access for all functionality.


ELIGIBILITY INQUIRY

Eligibility Inquiry



Calendar


4:13 PM

12 January 2015
Monday

2015 January

Mo	Tu	We	Th	Fr	Sa	Su
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

←
Today
→

My Reminders

Filter By

Go

Save Filters

My Filters ▾

- In this example Eligibility Inquiry has been selected to be saved as another Favorite
- There is no limit to the number of Favorites that can be saved or added to a user's login



*

CHAMPS Full Access *

Select Favorite
Select Favorite
Eligibility Inquiry
Inquire Claim - Provider

Go



© CNSI 2012

- The next time you log into CHAMPS you will have the option to select a previously saved favorite
- Select the Favorite option you want to use and click GO



Close





Inquire Claim

Filter By ▾ And Filter By ▾ And Filter By ▾
 And Filter By ▾ And Filter By ▾ With Status ▾ In Claim ▾ Last 6 Months ▾
Go Save Filters My Filters ▾

	TCN	From Date	To Date	Submitted Charges	Claim Status	Approved Amount	Pay Cycle Date
	▲ ▼	▲ ▼	▲ ▼	▲ ▼	▲ ▼	▲ ▼	▲ ▼
No Records Found !							

- After clicking GO from the login page you will be taken to the selected Favorite option


My Inbox
Provider
Claims
Member
PA


Note Pad
External Links
★ My Favorites
Print
Help

Provider Portal

NPI:
Name:

Latest updates

System Notification


Attention all providers: The informational edit for a Billing Agent not associated to a Billing NPI will change to DENY effective August 1, 2014. Please refer to the Biller B Aware for further information.


My Reminders


Filter By
Go
Save Filters
My Filters

Alert Type	Alert Message	Alert Date	Due Date	Read
No Records Found !				


Notification


User1 sent you message Yesterday


User1 sent you message Yesterday


User1 sent you message Yesterday

Calendar


11:54 AM
22 August 2014
Friday

2014 August

Mo	Tu	We	Th	Fr	Sa	Su
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31
←		Today		→		

System Messages

- To view previously saved Favorites click the My Favorites dropdown



NPI:

Name:

Eligibility Inquiry
Inquire Claim - Provider

Latest updates

System Notification

Due to system maintenance on State of Michigan Single Sign On (SSO), the SSO and CHAMPS will be unavailable between 9:00 PM Saturday, April 25, 2015 thru 9:00 AM Sunday, April 26, 2015. This outage will affect CHAMPS system access for all functionality.



My Reminders

Filter By



Go



Save Filters



My Filters ▾



Alert Type



Alert Message



Alert Date



Due Date



Read



No Records Found !

Calendar



12:17 PM

29 April 2015
Wednesday

2015 April

Mo	Tu	We	Th	Fr	Sa	Su
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			
←		Today		→		

- The saved Favorites will then be displayed

Favorites ~ Add and Delete

Delete

My Inbox ▾
Provider ▾
Claims ▾
Member ▾
PA ▾

⌵
Note Pad
External Links ▾
★ My Favorites ▾
Print
Help

Provider Portal

NPI:
Name:

Latest updates

System Notification

Attention all providers: The informational edit for a Billing Agent not associated to a Billing NPI will change to DENY effective August 1, 2014. Please refer to the Biller B Aware for further information.

My Reminders

Filter By

Go

Save Filters

My Filters ▾

Alert Type	Alert Message	Alert Date	Due Date	Read
No Records Found !				

Notification

User1 sent you message Yesterday

User1 sent you message Yesterday

User1 sent you message Yesterday

Calendar

11:54 AM
22 August 2014
Friday

2014 August

Mo	Tu	We	Th	Fr	Sa	Su
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31
←		Today		→		

System Messages

- To delete a previously saved Favorite click My Favorites



My Inbox ▾ Provider ▾ Claims ▾ Member ▾ PA ▾

Profile icon ▾

Note Pad

External Links ▾

My Favorites ▾

Print

Help

Provider Portal

NPI:

Name:

Eligibility Inquiry

Inquire Claim - Provider

Latest updates

System Notification

Due to system maintenance on State of Michigan Single Sign On (SSO), the SSO and CHAMPS will be unavailable between 9:00 PM Saturday, April 25, 2015 thru 9:00 AM Sunday, April 26, 2015. This outage will affect CHAMPS system access for all functionality.

□ □ □ □ □ □ ■

My Reminders

Filter By



Go



Save Filters



My Filters ▾



Alert Type



Alert Message



Alert Date



Due Date



Read



No Records Found !

Calendar



12:17 PM

29 April 2015
Wednesday

2015 April

Mo	Tu	We	Th	Fr	Sa	Su
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			
←	Today				→	

- Select the Favorite to be deleted and click the icon next to the Favorite



NPI:

Name:

Eligibility Inquiry

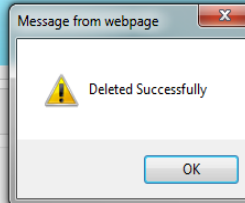
Inquire Claim - Provider

Latest updates

System Notification

Attention All Providers: Due to system maintenance activities, the CHAMPS system will be down between 6:00 AM Saturday, January 10th through 9:00 PM Sunday, January 11th, 2015 with the exception of Health Care Eligibility Benefit Inquiry and Response (Core 270/271) Real-time transactions which will be down between 6:00am and 10:00am on Saturday January 10th. This outage will affect the CHAMPS system access for all functionality.

☐ ☐ ☐ ☐ ☐ ☐ ☒ ☐



My Reminders

Filter By



Go

Save Filters

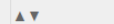
My Filters ▾



Alert Type



Alert Message



Alert Date



Due Date



Read



No Records Found !

Calendar



1:08 PM

29 April 2015
Wednesday

2015 April

Mo	Tu	We	Th	Fr	Sa	Su
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			
←		Today		→		

- A message will display to acknowledge the Favorite was deleted



NPI:

Name:

Latest updates

System Notification

Due to system maintenance on State of Michigan Single Sign On (SSO), the SSO and CHAMPS will be unavailable between 9:00 PM Saturday, April 25, 2015 thru 9:00 AM Sunday, April 26, 2015. This outage will affect CHAMPS system access for all functionality.



My Reminders

Filter By



Go



Save Filters



My Filters ▾

<input type="checkbox"/>	Alert Type ▲ ▼	Alert Message ▲ ▼	Alert Date ▲ ▼	Due Date ▲ ▼	Read ▲ ▼
No Records Found !					

Calendar



1:09 PM

29 April 2015
Wednesday

2015 April

Mo	Tu	We	Th	Fr	Sa	Su
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			
←		Today		→		

- Once deleted will no longer be displayed under My Favorites, in this example Eligibility Inquiry was deleted
- A deleted Favorite can be re-added as a Favorite again at any time

Changing Profile

My Inbox ▾
Provider ▾
Claims ▾
Member ▾
PA ▾

Uatsg1,Uatsg1 ▾
Note Pad
External Links ▾
My Favorites ▾
Print
Help

Profile: CHAMPS Full Access.
Domain: FAO

Logout

Testing Static Banner Message

CHAMPS Full Access
CHAMPS Limited Access
Claims Access
Domain Administrator
Eligibility Inquiry
Prior Authorization Access
Provider Enrollment Access
View Provider Enrollment

My Reminders

Filter By ▾ Go
Save Filters
My Filters ▾

	Alert Type ▲ ▼	Alert Message ▲ ▼	Alert Date ▲ ▼	Due Date ▲ ▼	Read ▲ ▼
No Records Found !					

Notification

	User1 sent you message Yesterday
	User1 sent you message Yesterday
	User1 sent you message Yesterday

System Messages

28	29	30	31		
Today					

- Click the dropdown next to the User ID icon in the blue ribbon
- Current profile that the user is logged in with will be displayed as well as all available profiles

Domain Administrator

Adding Users



Form fields for login:

- A text input field with a dropdown arrow and a red asterisk.
- A dropdown menu with "Domain Administrator" selected, a dropdown arrow, and a red asterisk. A red arrow points to this asterisk.
- A text input field with "Select Favorite" and a dropdown arrow.
- A "Go" button with a circular arrow icon.

- Login to CHAMPS with the Domain Administrator Profile



My Inbox ▾

Admin ▾

Provider ▾



Note Pad

External Links ▾

★ My Favorites ▾

Print

Help

Provider Portal

NPI:

Name:

Latest updates

System Notification

Attention All Providers: Due to system maintenance, CHAMPS will be down between 6:00 PM Saturday, October 11, 2014 thru 6:00 AM Sunday, October 12, 2014. This outage will affect CHAMPS system access for all functionality.



My Reminders

Filter By



Go

Save Filters

My Filters ▾

	Alert Type	Alert Message	Alert Date	Due Date	Read
	▲ ▼	▲ ▼	▲ ▼	▲ ▼	▲ ▼
No Records Found !					

Calendar



2:25 PM

23 March 2015
Monday

2015 March

Mo	Tu	We	Th	Fr	Sa	Su
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					
←		Today		→		

- Click the Admin tab

My Inbox
Admin
Provider

Note Pad
External Links
My Favorites
Print
Help

Provider Portal

NPI:

USER MAINTENANCE

Maintain Users

me:

Latest updates

System Notification

Attention all providers: The informational edit for a Billing Agent not associated to a Billing NPI will change to DENY effective August 1, 2014. Please refer to the Biller B Aware for further information.

My Reminders

Filter By
Go
Save Filters
My Filters

	Alert Type	Alert Message	Alert Date	Due Date	Read
No Records Found !					

Notification

	User1 sent you messageYesterday
	User1 sent you messageYesterday
	User1 sent you messageYesterday

Calendar

12:18 PM
26 August 2014
Tuesday

2014 August

Mo	Tu	We	Th	Fr	Sa	Su
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31
Today						

System Messages

- Select the Maintain Users option



My Inbox ▾

Admin ▾

Provider ▾



Note Pad

External Links ▾

★ My Favorites ▾

Print

Help

Provider Portal > UserList

Close

Add



Manage Users



Filter By



And

Filter By



Go

Save Filters

My Filters ▾



Domain Name



Name



Organization



Status



Start Date



Expiration Date



No Records Found !

- Click Add

CHAMPS < My Inbox ▾ Admin ▾ Provider ▾

Provider Portal > UserList

Close Add

Manage Users

Filter By ▾

Domain Name ▴ ▾

Save Filters ▴ ▾ My Filters ▾

Welcome to MMIS - Windows Internet Explorer

Print Help

Add Provider User

Please enter the following information

User ID: * [Enter Single Sign On ID]

Provider Domain: *

Start Date: 03/23/2015 *

Expiration Date: 12/31/2999 *

Available Profiles

- CHAMPS Full Access
- CHAMPS Limited Access
- Claims Access
- Domain Administrator
- Eligibility Inquiry
- Prior Authorization Access
- Provider Enrollment Access
- View Provider Enrollment

Selected Profiles*

»

«

Remarks:

OK Cancel

Page ID: dlgAddProviderUser(Admin)

Done

Trusted sites | Protected Mode: Off

125%

- Enter the User ID
- Choose any of the available profiles listed and click the arrows to add it to the Selected Profiles

CHAMPS < My Inbox ▾ Admin ▾ Provider ▾

Provider Portal > UserList

Close Add

Manage Users

Filter By ▾

Domain Name ▾

Save Filters ▾ My Filters ▾

on Date

Welcome to MMIS - Windows Internet Explorer

Print Help

Add Provider User

Please enter the following information

User ID: * [Enter Single Sign On ID]

Provider Domain: *

Start Date: 03/23/2015 *

Expiration Date: 12/31/2999 *

Available Profiles

- CHAMPS Limited Access
- Claims Access
- Domain Administrator
- Eligibility Inquiry
- Prior Authorization Access
- Provider Enrollment Access
- View Provider Enrollment

Selected Profiles*

- CHAMPS Full Access

Remarks:

Page ID: dlgAddProviderUser(Admin)

Done

Trusted sites | Protected Mode: Off 125%

OK Cancel

- Once all desired profiles have been selected for the User ID click Ok

Domain Administrator

Updating Domains



My Inbox ▾

Admin ▾

Provider ▾



Note Pad

External Links ▾

My Favorites ▾

Print

Help

Provider Portal

NPI:

Name:

Latest updates

System Notification

Attention All Providers: Due to system maintenance, CHAMPS will be down between 6:00 PM Saturday, October 11, 2014 thru 6:00 AM Sunday, October 12, 2014. This outage will affect CHAMPS system access for all functionality.



My Reminders

Filter By



Go

Save Filters

My Filters ▾

	Alert Type	Alert Message	Alert Date	Due Date	Read
	▲ ▼	▲ ▼	▲ ▼	▲ ▼	▲ ▼
No Records Found !					

Calendar



2:25 PM

23 March 2015
Monday

2015 March

Mo	Tu	We	Th	Fr	Sa	Su
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					
←		Today		→		

- Click the Admin tab

My Inbox ▾
Admin ▾
Provider ▾

⌂ > Provider Portal
Note Pad
External Links ▾
★ My Favorites ▾
Print
Help

USER MAINTENANCE

[Maintain Users](#)

NPI:

Latest updates

System Notification

Attention all providers: The informational edit for a Billing Agent not associated to a Billing NPI will change to DENY effective August 1, 2014. Please refer to the Biller B Aware for further information.

My Reminders

Filter By

Go

Save Filters

My Filters ▾

	Alert Type ▲ ▼	Alert Message ▲ ▼	Alert Date ▲ ▼	Due Date ▲ ▼	Read ▲ ▼
No Records Found !					

Notification

	User1 sent you message Yesterday
	User1 sent you message Yesterday
	User1 sent you message Yesterday

Calendar

12:18 PM
26 August 2014
Tuesday

2014 August

Mo	Tu	We	Th	Fr	Sa	Su
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31
Today						

System Messages

- Select the Maintain Users option



My Inbox ▾

Admin ▾

Provider ▾



Note Pad

External Links ▾

My Favorites ▾

Print

Help

Provider Portal > UserList

Close

Add

Manage Users

Domain Name ▾ % And Filter By ▾ Go Save Filters My Filters ▾

Domain Name ▲ ▼	Name ▲ ▼	Organization ▲ ▼	Status ▲ ▼	Start Date ▲ ▼	Expiration Date ▲ ▼
No Records Found !					

Step 1 Step 2

Step 3

- Select Domain Name from the dropdown
- Enter the wildcard % and click Go



My Inbox ▾

Admin ▾

Provider ▾



Note Pad

External Links ▾

★ My Favorites ▾

Print

Help

Provider Portal > UserList

Close

Add

Manage Users

Domain Name ▾ %

And

Filter By ▾

Go

Save Filters

My Filters ▾

Domain Name ▲ ▼	Name ▲ ▼	Organization ▲ ▼	Status ▲ ▼	Start Date ▲ ▼	Expiration Date ▲ ▼
[Redacted]	[Redacted]	Provider	Approved	10/01/2010	12/31/2999
[Redacted]	[Redacted]	Provider	Approved	02/20/2014	12/31/2999
[Redacted]	[Redacted]	Provider	Approved	02/20/2014	12/31/2999
[Redacted]	[Redacted]	Provider	Approved	10/15/2013	12/31/2999
[Redacted]	[Redacted]	Provider	Approved	01/06/2012	12/31/2999
[Redacted]	[Redacted]	Provider	Approved	04/18/2011	12/31/2999
[Redacted]	[Redacted]	Provider	Approved	06/29/2010	12/31/2999
[Redacted]	[Redacted]	Provider	Approved	08/28/2013	12/31/2999
[Redacted]	[Redacted]	Provider	Approved	01/24/2014	12/31/2999
[Redacted]	[Redacted]	Provider	Approved	09/08/2011	12/31/2999

View Page: 2

Go

Page Count

SaveToXLS

Viewing Page: 1

First

Prev

Next

Last

- Click the domain name hyperlink that needs to be updated



My Inbox ▾

Admin ▾



Note Pad

External Links ▾

★ My Favorites ▾

Print

Help

Provider Portal > Provider Portal > UserList >

User Login ID:

Name:

Close

Save

Lock Comments History

User ID:

First Name: *

Last Name: *

Domain Name:

Lock User / Comment: ☐

Email: *

Phone Number: Not Specified *

Start Date: 10/18/2013

Expiration Date: 12/31/2999 *

Remarks:

Available Profiles

Claims Access
Domain Administrator
Prior Authorization Access
Provider Enrollment Access
View Provider Enrollment
CHAMPS Limited Access
Eligibility Inquiry



Selected Profiles*

CHAMPS Full Access

- An expiration date can be entered if the user no longer needs access to that Billing NPI domain
- Profiles can also be added to the user or removed

Provider Resources

- [Medicaid Provider Training](#)
 - One on One training requests
 - Association requests
 - Current trainings available
- [Michigan Medicaid List Serve](#)
 - E-mail notification alerts relative to the Michigan Medicaid Program, Medicaid policy, billing issues, training opportunities, etc.
- Provider Support
 - www.michigan.gov/medicaidproviders
 - ProviderSupport@michigan.gov
 - 1-800-292-2550

Thank you for participating in the Michigan Medicaid Program.